

Special

Face to face with
"the Lead man of India"

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WORKSHOPS & CONFERENCES
May - July 2017



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Consortium of Accredited Healthcare Organisations (CAHO)
Presents
CAHOTECH 2017
To introduce latest and better technology solutions to hospitals
Theme: Adaptable Future Technologies for Indian Hospitals
23rd September, 2017
9 AM - 5 PM



From the President's pen
Dr Vijay Aggarwal

First of all, I will like to compliment and congratulate our enthusiastic volunteers for taking up this task of reviving CAHO's newsletter which can be a very important medium to interact and connect with all. I have been asked to write a small piece from "President's Pen". I have decided to write something about a topic which is being addressed by CAHO.

Designing hospitals to promote safety is important because hospitals engage in an enormous range of activities, deal with vulnerable rather than intact people, and have many uncertainties and hazards that are intrinsic to medicine and delivery of health care. Healthcare has been classified highly dangerous (> one death per 1000 encounters) along with Bungee jumping and Mountain climbing.

There have been other changes in delivery of healthcare which necessitate deeper understanding of space, equipment and manpower requirement of all the areas in the hospitals.

- Individual to Team Working
- Process Driven
- Enhanced Technology
- Concerted focus on patient safety and outcome
- Increased patient and family expectations
- Accreditation requirements

Approximately 70% of hospitals' preventable errors or potential errors are the result of process errors. Design is often out of sync with staff processes because of inadequate understanding. Planning and designing hospital today has become very complex.

This brings in a "Consultant" who is supposed to "Know All". There is NO CONSULTANT who knows it all. We need a consultant who has the vision and the ability to interact with many consultants and end users.

CAHO is trying to fill this void by coming out with a book which is being created by many authors after interacting with all departments and many planners. This has not been an easy task. Once gain the pooled energy of our CPQIH along with the guidance of many assessors and experts has made this possible. I am confident that this will be a shining example of a cooperative product



Dr. Venkatesh Thuppil

Principal Advisor Quality Council of India (QCI) & National Referral Centre for Lead Projects in India (NRCLPI)

Face to face with "The Lead man of India"

I started working towards quality environment to protect children growth and development and protection of their IQ which was getting affected by environmental lead due to leaded gasoline in our country. I could get unleaded gasoline with the help of The George Foundation studies. Today millions of children's IQ is protected by our team effort that we got unleaded gasoline in India (since March 2000). We are also working to get quality food and quality water. Quality air is our next target. All these are the beginning for others to continue to ensure quality life to all.

4. In your vast experiences in quality - what is India's current state in Healthcare quality and what do you foresee?

When we look at health care system in India there are many limitations mainly due to lack of resources. We do not have Universal Health care for all our citizens. As on date the private health care providers have a dominant role to play in quality health care. In-fact the private insurance is not conducive to majority of Indian population to assure quality health care at affordable cost. When most health care is covered from out of pocket expenses by majority, there is a compromise on quality due to limitations in budget availability towards quality health care. Penetration of health insurance is also very slow and low in our country. Though many state government schemes are in existence in most states, monitoring and proper implementation is having its own draw backs.

Many good things I need to mention which can make our health care affordable and available in time, for example

- Drugs in our country are available across the country at most affordable cost unlike most in of the developed countries.
- Our medical professionals are available, and patients can walk in and get treated There is no long waiting unlike in other countries where even to get an appointment one has to wait for long.

The patient doctor relationship is noble in our country. Our health care system especially in rural areas is running on full faith and trust.

Looking at the above situations we do have quality health care with challenges and opportunities. Out of almost over three lakhs medical testing centers only 800-850 testing centers are accredited. Quality diagnostics is the need of the day. We need to focus in this area at National level to reach out to every door step.

1. What is Quality according to you?

Quality is truth regarding all integral inherent characteristics and activities in a system of service- Quality minds can only look for quality products and services. Quality is what I accept in daily life. I cannot compromise on cost while quality services are provided. Quality is dynamic as my requirement of quality for subsequent situations may be higher. I always tell people that the quality of life we had earlier might not be as good as the quality of life we have now or what we expect after some time. I strongly believe that quality continuously improves our lives in all our activities.

2. What was that defining moment that flagged off your Quality journey?

Like many of us I was aware of the importance of quality of consumables and products even as a school student. It was when my fountain pen had left a deep mark of the ink on my fingers due to poor quality threads. I was wondering why better pens are not made. I had to use Vaseline to prevent ink leaking out. Much later it was some time during August 1988, I was leading an High altitude Himalayan Expedition to Mount Kamet (7756 mts) in Garwal Himalaya. We had carried pre cooked food for almost twenty days of our expedition to serve almost 28 member team. At an altitude of 18500 feet we realized that most of our packed food (precooked and packed chappathies) had developed fungus. We had to survive and the expected food quality was not assured by the suppliers to whom we had paid huge amount. We had no way to complain as there was no communication system at that altitude. There were no shops to get fresh lot. We had to survive. We rationed the remaining food. It was difficult and challenging and we could not have given up our expedition. I started seriously thinking about quality and quality assurance when life was at stake. Quality is day to day life for me

3. What goals did you set for yourself in the beginning?

Though my goal at the beginning is to get reliable and dependable non leaking pen at as low price as possible, later my goal was what Dr APJ Abdul Kalam wanted at QCI, that is to attain Quality in all walks of life to everyone in the country.

5. What is the biggest challenge faced by us today in implementing health care quality and how can we overcome them?

Health care implementation is no big challenge. This has been successfully achieved in most of the countries in the west. We in our country have many big challenges

- Some of the biggest challenge we are facing in recent times in quality health care delivery is that the age old faith and trust between treating clinicians and the patient is slowly getting eroded.
- Patients have access to information on diseases and treatment and requirement through information media.
- Increasing expenses with developed technology on which modern medical system is dependent.
- Huge investments by health care professional and huge expenses incurred during the training of medical personnel.
- High expectations of returns for all investments done by HCO.
- Lack of Government willingness to partner with medical profession to establish quality health care delivery centers.

6. What trait/s a person requires, to establish and sustain quality in healthcare settings?

- Any person in health care profession irrespective of his/her duties should possess compassion and humility which are the most essential attributes towards establishing successful patient doctor relationship.
- When a doctor considers and treats the patient as his own friend the patient will not take the treating clinicians to court in spite of visible mistakes.

It is unfortunate that the gap between patient and the treating clinicians have widened leading to conflicting situation which is one hundred percent preventable

7. What's in the offing for quality from the "lead man" ...??

I am personally looking forward for the good team work of multidisciplinary team of competent persons with quality resources in HCOs to care that unknown patient. Word of appreciation to individuals for their small or big efforts in improving quality in health care. Finally regaining the lost faith and trust from our customers.

My advice to CAHO to put-in all efforts and resources to have more and more accredited HCOs in our country.
Thank you very much!!!!

CAHO Secretariat

Dr. Sakshi Sharma
CAHO Secretariat
D210, Sector-47, Noida
Uttar Pradesh – 201301
Help Desk No: +91 9069142100

Phone
(+91) 11-470-987-55
(+91) 20-057-855-02
(+91) 971-858-282

Email - caho.in@gmail.com
support@cahocare.com
feedback@cahocare.com

Registered Office
Consortium of Accredited,
Health Care Organizations
(CAHO) M-1,
Lajpat Nagar-3,
New Delhi 110024.



Dr Vimal Kumar Govindan

Professor , Dept of Surgery
PSG Institute of Medical Sciences & Research ,
Coimbatore

As per the provisional data compiled by the Central Bureau of Health Intelligence (CBHI), Ministry of Health & Family Welfare, in August 2013, India has 1.13 beds per 1000 population, spread over 35,000 hospitals. There is a shortage of nearly 8 lakh doctors and 12 lakh nurses. Needless to add, patient safety and quality in healthcare delivery systems suffer. It is true that the woefully inadequate infrastructure is a major reason for this. Also important is the fact that there is poor awareness of quality among doctors and nurses. This is due to absolute lack of training on quality in the undergraduate medical and nursing curriculum.

Healthcare organisations, both public and private, teaching as well as non-teaching, will have to focus on quality and patient safety. Medical college hospitals will have to set the trend and this is for two reasons.

First of all, at a conservative estimate, 15 to 20% of all hospital beds in the country are in teaching hospitals. This translates into a significant proportion. Most patients in these hospitals are the indigent and under privileged. It becomes essential that there is a system to enforce quality in this setting.



Dr. Prabhakar

Consultant Urologist & Managing Director
Kalyani Kidney Care Centre, Erode

Early warning score (EWS) is one of the important tool to identify deterioration of patient's general condition outside critical care areas. This tool can pick up patients prone for cardiac arrest several hours before the event. Patient's vital parameters and neurological status are tracked continuously only in the ICUs where real-time monitoring with alarms and central monitoring systems are available. Multi para monitor and ICU master chart can identify deterioration of patient condition at the earliest. But in wards where one staff nurse has to provide nursing care to five or six patients, the golden hour of resuscitation is missed during decline in patient's general condition. This is when EWS is very useful to identify abnormal vitals, and alert the duty doctors and the treating consultants. If required, patients can be shifted to ICU for further management.

"Quality" - In teaching hospitals and undergraduate curriculum

Secondly 50,000 medical students are graduating every year from these institutions, and at least 95% of them remain in the country to serve as doctors. It is desirable that their education happens in a milieu where quality is a culture. This could be augmented, if quality and patient safety are formally incorporated in the curriculum.

NABH and Medical Council of India (MCI) had discussed this in 2012, and there was a recommendation that MCI should make NABH accreditation mandatory for all teaching hospitals. As it stands today, of the 465 hospitals accredited, not more than 10 are teaching hospitals. (There may be a few who have entry and progressive level certification). This is not likely to get any better soon, because there are very few teaching hospitals in the list of 600 hospitals applying for accreditation.

The undergraduate medical curriculum is undergoing a restructuring now. An attitudes and communication module (ATCOM) will very soon come into effect. This structured longitudinal programme addresses areas, which were hitherto not focussed upon, such as attitudes, communication skills, and ethics, among other areas, in order to make the Indian medical graduate, not just a clinician, but also an effective communicator and a professional. However, quality in healthcare and patient safety are yet to be looked into. A study conducted in 2014 among medical students, in a Government Medical College in India, showed that the students lack awareness about medical errors and patient safety, but do desire to acquire this knowledge. A similar study conducted in Hong Kong, again showed a lack of awareness among medical students about a multidisciplinary approach to solving patient safety related issues.

The nursing curriculum is no different. There is a module on management of nursing services in the 4th year, and quality is mentioned as one of its sub-units. Nursing service is the backbone of a healthcare delivery system and plays a huge part in quality.

A change in the curriculum is ideal. It is essential that doctors and nurses have elements of quality in healthcare ingrained into them, in their formative years. But a new medical curriculum will have its own period of conception, given the fact that MCI itself is undergoing a reorganisation. However, there should be a concerted effort towards accreditation of medical college hospitals, voluntarily, if not as a mandate from the regulatory bodies.

The journey in quality improvement, for a teaching hospital, especially for a government institution, is a difficult road to ride on. With a large number of staff of various cadres and seniority, implementation of policies would be an arduous task. Also frequent inspections from regulatory bodies, would make it difficult to remain focussed on quality. But, once a few milestones are crossed, the quality highway would be easy to travel on. In fact, accreditation necessarily brings in a few systems, and once a culture has evolved, day to day functioning would be easy. Processes would be more efficient, and hospitals would have responsible governance. In short, embarking on quality, would benefit not just patients, but also staff working in the organisation.

" Experience sharing- Sustenance of quality" - "Early warning signs"

Two examples to understand the usefulness of EWS in patient care.

Eg .1- A 30 yr old female patient on her second post laparotomy day had a respiratory rate of 35 per min. Tachypnoea is an alarming sign. Her EWS is 3. This has to be addressed appropriately and promptly, otherwise can lead to respiratory fatigue or failure over a period of time.

Eg.2 - A 45 year old male patient was brought to the EMR in an unconscious state with BP 90/60 mmHg and Heart Rate 128/min. This is really alarming and his EWS is 6. The treating consultant should identify the root cause and the patient should be promptly managed in the ICU.

At my hospital ,my staff are trained to record EWS and alert the treating physician This tool has been very useful to TRIAGE patients , in emergency ,In-patient and out-patient settings. This practise has made a marked change in my patient outcomes.

EARLY WARNING SCORE (EWS)

EWS is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the six cardinal vital signs (Respiratory Rate, SpO2, Temperature, Blood pressure, Heart Rate & AVPU response)

DIAGRAM for EWS.

| SCORE | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|-------------------------------|------|-----------|---------------|--------------|-----------|-------------|-------------|
| Respiratory rate (Breath/min) | >35 | 31 - 35 | 21 - 30 | 9 - 20 | | | <7 |
| SpO2 (%) | <85 | 85 - 89 | 90 - 92 | >92 | | | |
| Temperature (F) | | >102.2 | 100.4 - 102.2 | 98.6 - 100.2 | 96 - 98.6 | 93.2 - 94.8 | <93.2 |
| Systolic BP (mmHg) | | <100 | | 100 - 109 | 80 - 99 | 70 - 79 | <70 |
| Heart rate (Bpm) | >129 | 110 - 129 | 100 - 109 | 50 - 99 | 40 - 49 | 30 - 39 | <30 |
| AVPU | | | | Alert | Voice | Pain | Unconscious |

PROCEDURE.

- AVPU scale has 4 possible outcomes for recording.
 - Alert: The patient is fully awake.
 - Voice: The patient makes some kind of response when talk to them.
 - Pain: The patient makes a response on the application of pain stimulus.
 - Unresponsive: The patient does not give any eye movement, voice or motor response to voice or pain.
- If patient any cardinal vital signs under the EWS > 1 should check all the cardinal vital signs score.
- A score of FOUR should be transfer to ICU immediately & simultaneously inform consultant. (Shifting should not delay because of consultant permission.)
- A score of <= THREE inform consultant immediately and follow consultant orders.



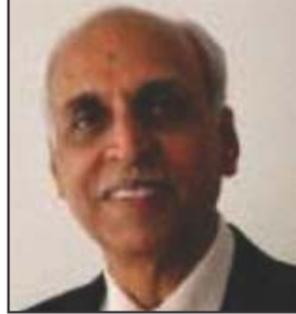
Committed To Safer Patient Care

CAHO NEWSLETTER

August - 2017

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Mr. Peter Sailo
Meghalaya

CAHOCON 2017

14th & 15th April 2017, Taj Vivanta, New Delhi



CAHOCON – 2017 , the 3rd International Conference of the Consortium of Accredited Healthcare Organisations, with the theme – Monitor , Measure and Improve was held during 14th & 15th April , 2017 at Vivanta by Taj Dwarka , New Delhi. This well attended conference brought together various Healthcare Quality stalwarts.

The conference was preceded by Pre-conference workshops on 13th April, 2017 on important topics such as Clinical Audit , Infection control and Antimicrobial Stewardship, Verification and Validation handling IQC & EQAS, Integrating Quality & Entry level Accreditation , Quality tools & Techniques in various hospitals of Delhi NCR region.

Guest of Honour Mr RP Singh Secretary General QCI inaugurated the conference by lighting the lamp and Dr Harish Nadkarni, CEO , NABH launched the new web site of caho (www.caho.in). Dr Girdhar Gyani released the souvenir.

ISQua Board Member Prof. Jeffrey Braithwaite gave a keynote address and stressed on the requirement of data analytics to improve patient expectations. Dr Supten Sarbadhikari's detailed the concept of "E-Health in digital India".

Topics such as 'Clinician's engagement in quality', 'NABL Accreditation need of the hour', 'Promoting quality at grassroots' and 'Benchmarking in Healthcare' were dealt by speakers- Dr Shiv Sarin, Dr Vandana Jain, DR KK Aggarwal, and Dr Anupam Sibal respectively. Dr Vidya Sagar from Australia gave a talk on " Publish or Perish"

The requirement of Entry Level NABH Certification and CAHO's role in promoting the Entry certification programme was introspected by Dr Murali Srinivas, Dr. M Prabhakar and Dr Lallu Joseph and the session was chaired by Dr Alexander Thomas and Dr CM Bhagat.

There were important messages for the healthcare industry from other industries such as Indigo, Uber and Velvetcare.com in relation to customer delight, logistics and perfection by Dr Nageshwar Rao, Mr Prabhjeet Singh and Mr Kapil Hetamsaria. This session was a real hit and credit of organizing this goes to Mr Sameer Mehta (CEO Mehta Hospitals Chennai) who also chaired this session along with Dr Manivanan.

One of the most lively session was the debate on "Documentation Versus Patient Care – Which is more important" with Dr Arati Verma and Dr Anand R stressing the need for better patient care which supersedes documentation work versus Dr Sanjeev K Singh and Capt Ajitha taking up the other side. The session was chaired and moderated by Air Marshal Dr Pawan Kapoor.

There was a Nursing session discussing the need of the hour topics such as Handling GEN – NEXT Nurses, Empowering and developing team work , Bridging the gap – Skill development . These topics were addressed by the top nursing leaders of the country like Ms Binu Sharma (Columbia Asia), Ms Saravjeet (Medanta) and Capt Sandhya Shankar (Max Healthcare) and the sessions chaired by Maj Gen (Ms) Elizabeth John (R & R Hospital) and Bri Saibala (Amrita Institute)

The day concluded with the presentation by Mr Anirudha Rajurkar (Dr Reddy's Lab) by his insightful talk on Creating patient centric Hospitals which was chaired by Dr KK Kalra (Ex CEO NABH) and Dr Murali Srinivas.

Apart from this, a wide array of interesting topics were discussed in the laboratory sessions as well, stressing the need to choose appropriate Software- including communication standards and legal requirements , Understanding Hardware - network, security, databases and storage for lab , Laboratory information system (LIS) and the use of such informatics in analytical quality of laboratory. This session was chaired by Dr Navin Dang and Dr Sita Ram who added valuable inputs to the discussions.

Post lunch laboratory session focussed on Total quality improvement , Accreditation journey in Implementing ISO 15189:2012 in labs across Nepal, Internal audits in labs. These topics were deliberated by Dr Essam Hamed Amin Ali (Abu Dhabi), Dr Keyoor (Nepal) and Dr Ashwini Sengupta (Kolkata) with chairpersons Dr Arvind Lal, Prof L M Srivastava and Dr C V Anand adding their personal experiences and expertise to the discussion.

The session on accreditation in Specific Laboratory Modalities brought out the challenges in managing anatomic pathology laboratory in the era of genomic medicine, need for IQC in Microbiology, a clinician's view on accreditation, provision on high acuity and delivering high volume healthcare without compromising on cost and / or quality as well as accreditation needs in flow cytometry . This session was chaired efficiently by Prof R.N. Makroo, Dr Arun Raizada and Dr Chand Wattal.

The Day 2 started again with the Platform Presentations on the theme " Monitor , Measure and Improve". These presentations highlighted the rising standards of deliberations. Dr Narayan Pendse (Fortis Healthcare) and Dr Lallu Joseph (CMC Vellore) did a great job as chairpersons.

Measuring communication with patient and/or relatives was very well presented by Ms Indu Arneja and as was Handling of media and related etiquettes in time of need / crises (Ms. Gracelle).

This was followed by exploring the aspect of "Change Management" by IHI Model (Dr Abha Mehndiratta), Innovations in Healthcare (Surgeon Rear Admiral VK Singh) and sustainability of quality by Dr Jeffery Braithwaite.

CAHOCON 2017



CAHO NEWSLETTER

The session on "Medico-Legal Framework" is always a hit with the audience and the speakers like Mr Mahendra Bajpai (Advocate Supreme Court), Mr Siddharth Luthra (Former Additional Solicitor General) and Dr Sunil Khetrpal (COO Rajiv Gandhi Cancer Institute) made it very interesting and informative.

The deliberation on "Driving for Change" was chaired by Dr Vijay Agarwal to showcase the activities pursued by CAHO with partners like:

- 3M - Disinfection and Sterilisation,
- AEEE - Driving energy efficiency
- LM Excellence - Introduction of On-line learning Platform.

The NABL Sessions had an open forum on the "Ethics In Accreditation", IQAS, EQAS and other issues challenging the implementation of standards in laboratories. Stalwarts in laboratory medicine such as Dr Vandana Jain, Dr Venkatesh Thuppil and others answered various queries raised by the delegates related to the current NABL accreditation process in our country. The sessions continued

with the "Sampling to Reporting - Lean Journey" discussing Sample integrity maintenance, introduction of lean and Six Sigma for clinical laboratory and the methodology for release of results. This session was chaired by Dr Essam Hameed.

Finally, CAHOCON 2017 Sessions concluded with "Quality Beyond Accreditation" wherein the panel speakers Dr Mridul, Dr Sandip Budhiraja and Dr Narottam Puri deliberated about the cost-effectiveness of accreditation, performance excellence owing to accreditation and maintaining quality beyond accreditation along with Dr Shakti Gupta and Dr VK Singh.

A very timely topic "Data Sharing: Are We Ready To Collaborate" was discussed by a high profile panel of CEOs and Chairmen like Dr Harish Nadkarni (CEO-NABH), Ms Upasana Arora (CEO-Yashoda Hospital), Dr D Nagar (Chairman Paras Hospital) and Dr Govind Hari (Chairman Pushpagiri Eye Hospitals).

The delegates shared their experiences in quality improvement through paper, poster and novel video presentations of best practices. They were judged by experts and awarded suitably during the valediction. Quality related awards were given to various hospital teams and individuals who contributed to preparation of CSSD technician training manual and contents for NABH Pre-accreditation Entry level standards

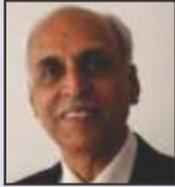
Dr JL Meena received the "Young Achievers Award" and Dr Venkatesh Thuppil was conferred with the prestigious "Life time achievement award".

The excellent and enjoyable performance of the OSA drum circle during 14th evening helped everyone relax after the intense scientific deliberations of the day. The conference came to an end with the introduction of the new Governing Council members and transfer of CAHO Presidential responsibility from Dr Alexander Thomas to Dr Vijay Agarwal while Dr CM Bhagat took over as the Secretary General.

The next CAHOCON - 2018 will be in Chennai on 6th and 7th April 2018. The theme of the conference is - "Timely Intervention is the key to Quality".

Looking forward to another congregation of healthcare professionals!

CAHO NEWSLETTER EDITORIAL BOARD



Dr. Vijay Agarwal
President



Dr. Lallu Joseph



Dr. J. Jayalakshmi



Dr. Ramachandra Kamath U



Dr. Devanthi

WORKSHOPS & CONFERENCES
May - July 2017



26th – 29th May 2017 : Advanced CPQIH Training Program at Cherai Beach Resorts - Kochi



27th May 2017 -Workshop on Preparing Fire Safety checklist for third party auditors for hospitals. at Amrita Institute of Medical Sciences ,Kochi The Team - Mr R R Nair, Mr Rao, Dr Prabhakar,Dr Keerthi, Capt Balasubramaniam, Mr Vinod kumar , Mr BabuRajan



27th – 29th May 2017 – Basic CPQIH Training program (2 Batches) conducted at Amrita Institute of Medical Sciences, Kochi



11th June 2017 –Zamindar Microsurgical Eye Centre , Bengaluru was declared as Centre for Quality Promotion (CQP). Dr Alexander Thomas, Past President, CAHO, Dr. Narendranath. V. handing over the "CQP" Certificate to Dr. Samina F Zamindar.



27th May 2017 – Rajagiri Hospitals, Aluva Declared as a Centre of Quality Promotion (CQP).



9th July 2017 : Aster MIMS Calicut declared as a Centre for Quality Promotion (CQP). Dr. Vijay Agarwal-President, CAHO handing over the "CQP" certificate to Dr. Abraham Mammen- Head, Quality Assurance, Aster MIMS, Calicut. Dr. Narendra Nath Jena, Dr.Ajitha P N, and Dr. Fabitha Moideen graced the occasion



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CME on NABH Certification Standards for Emergency Department "Quality beyond Emergency Medicine Certification"- was organized by Aster MIMS, Calicut along with CAHO.



14th – 16th July 2017 : The 9th Basic CPQIH Training program was conducted at Delhi CPQIH Training Manual (Basic) was released during this session by Dr KK Kalra, Dr GirdharGyani and Dr KK Aggarwal



19th July 2017 CII Conference on "Affordable healthcare for all" in Association with CAHO was conducted at Chennai

Upcoming Events

