

Healthcare Services Accreditation As A Brand Positioning Tool : A 'b Loop- Dozen A' Model Of Emergency Medical Services (EMS)

* *Raj Kumar Singh*

INTRODUCTION

Indian Healthcare Industry is currently estimated to be about \$23 billion and is likely to grow to about \$60 billion by year 2012. With the coming of the era of Globalization, the Healthcare Service Sector is getting patients from the US, Europe, Asia and other developing and under developing nations. Healthcare is one of the largest service sectors in India offering employment to around four million people and it witnessed a growth rate of 12 percent per annum in the last four years. The Healthcare Sector is now giving full emphasis on getting equipped with specialist doctors, trained paramedical staff, latest equipment, liberal use of IT, hygienic environment, comfortable and updated infrastructure to keep it more relevant and customer friendly.

However, in this situation, a question always arises whether our Healthcare System is fully equipped to handle emergencies with a proper system of Emergency Medical Services (EMS), since in India, with a population of 1.3 billion, in every two minutes a road accident takes place and in every five minutes, a suicide or a case of infant mortality occurs.

OBJECTIVES OF THE STUDY

This study aims at analyzing the importance and various strategic dimensions of Accreditation of Healthcare Services with special reference to its functional and behavioral '**b- Loop- Dozen A' Model** while choosing an Emergency Medical Service of a hospital by its service users. It also sheds light on the problems related to the implementation of EMS in an Accredited Healthcare Service and explores the possibilities of Accredited EMS to act as a Brand Positioning Tool of a Hospital in its Marketing.

METHODOLOGY

This study is basically a theoretical study based on the facts and the secondary data obtained from the various sources of available literatures.

To study the various behavioral dimensions of the Service Users of EMS while choosing a Hospital, a survey of a sample of 100 Service User of EMS in Varanasi City was also done through a set of structured questionnaire during the period of November and December 2008. In this survey, the effect of Accreditation of a Hospital while choosing an EMS and how Accreditation acts as a Brand Positioning Tool in this process was also analyzed.

The given Model and the subsequent conclusions are based on the findings of that survey.

ACCREDITATION OF HEALTHCARE SERVICES

(I) Accreditation of the Healthcare Services and its Journey

Accreditation of Healthcare Services is a public recognition of the achievement of quality standards by a healthcare service organization like a hospital and demonstrated through an independent Accreditation Body like NABH's assessment of that hospital's performance level in relation to the prescribed healthcare standards. National Accreditation Board for Hospitals and Healthcare Providers (NABH), an autonomous body promoted by Quality Council of India (QCI) in the year 2006 is responsible for all accreditation activities for the hospitals and healthcare providers in this country and has a defined methodology in line with international practices to award accreditation. A number of government, semi-private and private health institutions in India are currently seeking recognized accreditation systems in order to cope with heightened demands for quality in health care service delivery. While a lot is to be desired in the Healthcare Services, especially in the Emergency Medical Services through the

* *Research Scholar*, Faculty of Commerce, U.P. College, Varanasi, Uttar Pradesh. E-mail: singraaj@rediffmail.com

Accreditation mode, committed expert organizations like Society of Emergency Medicine-India (SEMI) are constantly lobbying with the Government for a national legislation on the regulation for EMS.

(II) Need for Accreditation of Healthcare Services

In the current scenario, the Healthcare Service Sector needs to face the new challenges before it. With the mushrooming of Healthcare Services in India, it has become very difficult to differentiate between the qualitative aspects of healthcare services among different hospitals. The Accreditations of Healthcare Services seems to be one service quality differentiating tool in the mind of their service users. By implementing accreditation, a hospital can differentiate itself clearly from those hospitals who are not accredited in terms of differentiation of its service quality and its service delivery mechanism, which may help in the effective marketing of the hospitals.

(III) Accreditation of Healthcare Services and its role in the upgradation of EMS

Accreditation of the Healthcare Services plays a vital role in the upgradation of EMS in the following aspects:

1. Accreditation of Healthcare Services acts as a system frame, a standard of quality service delivery mechanism for its EMS which normally, in the absence of Accreditation, hospitals are unable to fully comply due to their unawareness towards it. In the adoption of an accreditation system by a hospital, proper and standard format of its EMS operation and subsequent evaluation system is upgraded in its resources like Infrastructure, Human Resource, Documentation, Space, EMS Delivery Time, Technology, Hygiene, Safety etc.
2. In the Accredited Hospital, the service delivery of EMS becomes efficient and quick.
3. Accreditation of Healthcare services helps in the improvement of quality and safety of blood and blood products which is a very crucial part of EMS.
4. In Accreditation of Healthcare Service, the Service User Feedback Mechanism is strong in its progress towards quality goals and areas requiring attention for making it as a strong brand.

EMS AND HEALTHCARE SERVICE ACCREDITATION

Role of EMS as a Brand Positioning Tool in the Marketing of Hospitals

Brand Positioning of a hospital, through its EMS, means to create a distinct Brand Image in the mind of its service users. When a person needs emergency medical service, it becomes a difficult task for the attendants of the patient (here patient in a critical stage is having a trivial role) to decide which hospital to be chosen in this crucial stage. In such circumstances, Accreditation of Healthcare Services may help in removing any doubts and confusion in the minds of the people and help in deciding the EMS of a specific hospital due to a perception of quality service delivery assurance because of Accreditation. A specified EMS Module helps a hospital in developing its EMS as its Brand Positioning Tool. One such EMS Module is discussed below:

EMS MODULE IN AN ACCREDITED HEALTHCARE SERVICE

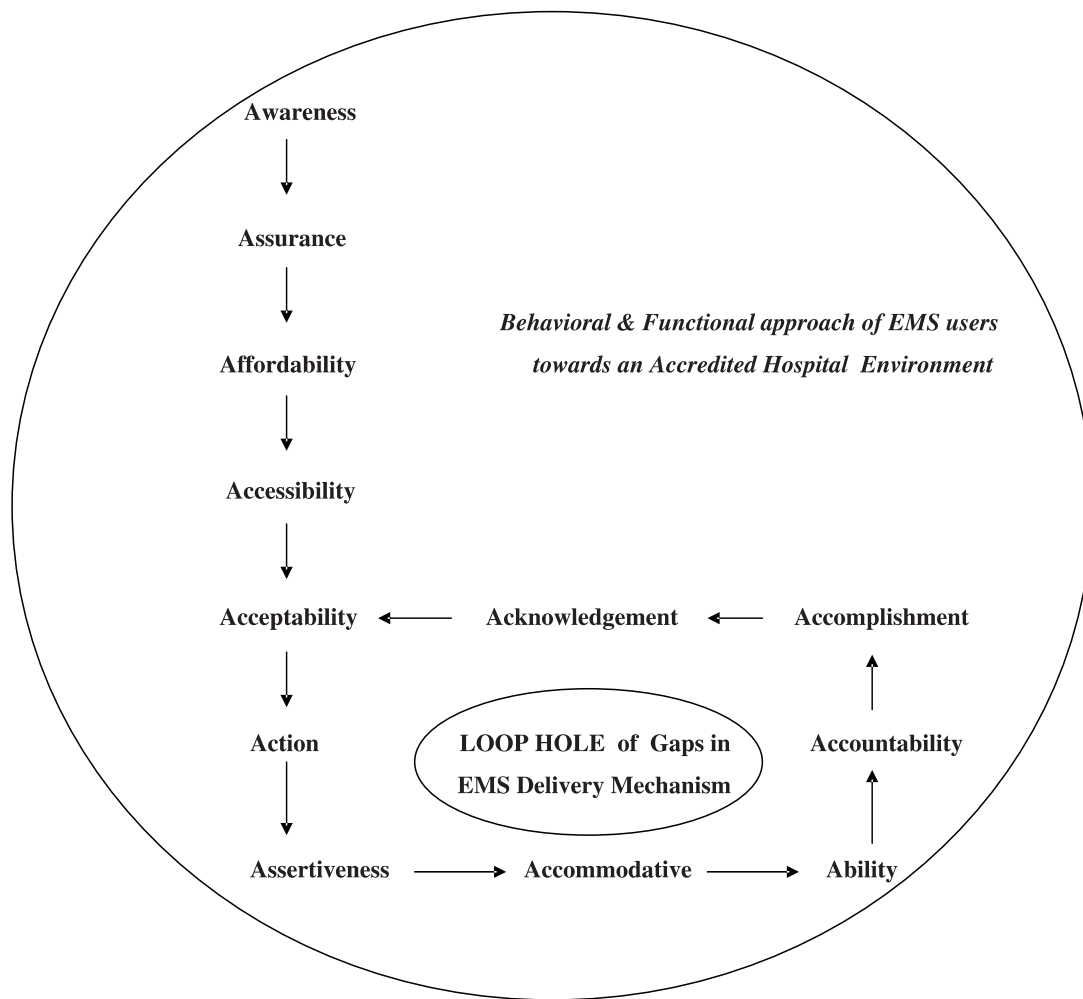
(I) The ‘b Loop - Dozen A’ Model

The ‘b Loop – Dozen A’ Model is a people centric EMS Module of the step by step functional and behavioral aspects involved in choosing the EMS of an Accredited Hospital by using **Dozen “A”** in a “b” shape loop. The detailed flow chart of the constituents of this model are as follows :

In the Accreditation of Healthcare Services, its EMS module should be developed on the people centric ‘b Loop - Dozen A’ Model which ensures the presence of **Dozen ‘A’s** of the behavioral and functional aspect of the service user of EMS of an Accredited Hospital viz.

1. **Awareness** - Service user of an EMS should know about an Accredited Hospital and should be aware that in an Accredited Hospital, the facilities of EMS will be available as per International Standard norms.
2. **Assurance** - EMS users should be assured about the EMS of a hospital through its proper Brand Positioning. Assurance should include the availability of necessary facilities like Ambulance , CT Scan, ICU, OT, Building and other necessary equipments etc. for EMS as per Accreditation norms.
3. **Affordability** - EMS user of an accredited hospital should analyse the cost to be incurred while availing the EMS of an Accredited Hospital.
4. **Accessibility** - EMS users should check the accessibility of the accredited hospital and keep in mind the time taken to reach the hospital to avail its services on time. IT enabled services and Telecommunication Facilities

'b Loop - Dozen A' Model Flow Chart



should be ensured as per Accreditation guidelines e.g. a call center for EMS with a common access number, like 1066 of EMS Council of Ahmedabad to help the service user for an emergency query.

5. **Acceptability** - EMS users finally decide to avail the service of a particular Hospital.
6. **Action** - EMS users finally take action to reach to an Accredited Hospital. The EMS in an Accredited Healthcare Service should stress on quality action of the Timely Service Delivery Mechanism of EMS and not just the presence of the above services.
7. **Assertiveness** - Once decided, an EMS user should adhere to the Accredited Hospital. They should have a faith in the Brand of an Accredited Hospital delivering EMS.
8. **Accommodative** - The hospital should be capable enough to accommodate an EMS user, especially the Medico Legal cases. Sufficient Emergency Beds, medical personnel and instruments should be present. Proper space should be specified for EMS-like separate emergency gates for ambulance and admission of patient as per Accreditation norms.
9. **Ability** - The hospital should have the ability to fulfill the desired norms of EMS to provide ease and convenience to its service users. Proper documentation has to be done in standard format without wasting time as per Accreditation directions for timely action and future record of quick and efficient EMS. Cleanliness and Sanitization (like Hospital Waste Management) should be upgraded in the EMS as per accreditation norms.
10. **Accountability** - The hospital should be accountable to its EMS for any grievances. For that purpose, doctors and paramedical staff should be regularly trained and their availability should be ensured in odd timings for quick services in EMS as per Accreditation Standards. EMS user's safety from fire, theft, undue behavior (like eve teasing or rape etc.) is taken care of in an Accredited System and any drawback should be accountable.

11. **Accomplishment** - Hospital EMS should be capable of delivering results and not just the declaration that they deliver the result. The EMS in an Accredited Healthcare Service gives a perception of transparency by using indicators like providing accurate and relevant information to the EMS users, grievance handling system of EMS in place etc. to successfully accomplish its EMS task.
12. **Acknowledgment** - The EMS of an Accredited Hospital should satisfy its service user so that they acknowledge it by word of mouth and refer the hospital to others.

In the '**b Loop- Dozen A**' model, as explained in the above flow chart, when a person gets fully satisfied from the EMS of an Accredited Hospital, the next time, either using the EMS for himself or for referring it to others, he directly goes to the Acceptability stage of the model and avoids the previous four stages of **Awareness, Assurance, Affordability and Accessibility** because of his previous satisfactory experience. However, if the EMS user is not satisfied because of the various gaps in the EMS delivery mechanism which act as the **LOOP HOLE** in the given Model, this '**b**' shape loop will not form since the next time, an EMS user will restart using all the twelve stages as per '**Dozen- A**' Model. So it is important to by pass that **LOOP HOLE**.

(II) Problems in the implementation of '**b-Loop – Dozen A**' Model of EMS Module of an Accredited Healthcare Service by '**LOOP HOLE**'

There are some problems in adopting and implementing the above mentioned Module of Emergency Medical Service through the **LOOP HOLE** in the '**b- Loop – Dozen A**' Model which are as follows :

Various gaps (**LOOP HOLES**) in the service quality delivery mechanism of '**b Loop-Dozen A**' Model, (in Management or Employee level of a Hospital) may ruin the whole effort of the EMS of an Accredited Healthcare Service:

1. *Service Users' Expectation of the EMS of an Accredited Hospital may differ from the Hospital Management's Perception of its EMS.*
 2. *Perception of the Hospital Management of its EMS may differ from the Hospital Service Specification of its EMS.*
 3. *Hospital Service Specification of its EMS may vary from the Actual Service Delivery of a Hospital EMS.*
 4. *EMS of a Hospital is not properly communicated internally as well as externally.*
 5. *The discrepancy between the EMS users' expectation of a hospital and their perceptions of the EMS actually delivered.*
 6. *The discrepancy between EMS users' expectation and hospital personnel's perception about its EMS; as for the staff, it may just be a routine job and not an emergency in the actual sense of the word.*
 7. *The discrepancy between the Hospital Employees' Perception about the EMS delivery mechanism as a routine task and the Hospital Management's Perception towards their EMS delivery mechanism as an important task -as a Brand Management Tool.*
- New and advanced infrastructure and organizational structural changes for EMS, due to Accreditation, may be needed to meet Accreditation Standards which may or may not suit the existing organizational culture of a hospital.
 - Medico Legal Cases are one of the biggest challenges before an EMS, where timely treatment is not available because of their complexity; in spite of the fact that the hospital is accredited.
 - Myths and mindsets in adopting accreditation by a hospital may create hindrance in the implementation of its EMS effectively. Some common myths and perceptions are given below :
 - (A) Accreditation is a regulatory mechanism for the adoption of EMS in standardized form.
 - (B) Accreditation is easy to manipulate and it is easy to fabricate the EMS execution records.
 - (C) Accreditation serves only bigger hospitals in case of EMS.
 - (D) Accreditation is extremely costly and it is very difficult to develop delivery mechanism for EMS.
 - (E) In Accreditation, the patient will be bearing all the transactional cost of EMS.
 - (F) After Accreditation, in a resource poor setting, EMS will have a poor response.

CONCLUSION

The Indian Healthcare Industry has to fully utilize its potential and become internationally competitive by following the path of Accreditation to build trust and standardize its services and resources so as to act as a quality differentiating tool among the Hospitals.

If a hospital has been accredited, Emergency Medical Service (EMS) users are spared from facing a dilemma (at a crucial moment) while choosing a specific hospital to avail its EMS. Accreditation of a hospital assures the presence of specified standards of quality service delivery mechanism of EMS which is properly evaluated and appraised through the standard formats of its resources.

The Accreditation of a hospital acts as a Brand Positioning Tool while choosing its EMS in the stage of dilemma. This can be explained with the help of people centric '**b – Loop – Dozen A' Model** which elaborates the step by step functional and behavioral pattern of choosing the EMS by its service user in a gradual manner through the **Dozen 'A'(s)** i.e. *Awareness, Assurance, Affordability, Accessibility, Acceptability, Action, Assertiveness, Accommodative, Ability, Accountability, Accomplishment, Acknowledge*. For the EMS of an Accredited Hospital to be successful, it is important that when an EMS user has to use it for himself or has to refer it to others, he should directly reach the *Acceptability* stage of **Dozen 'A'** and should not repeat it from the beginning of the *Awareness* level. This forms a sort of '**b' loop** containing the **Dozen 'A'(s)**. In this '**b' Loop**, a **LOOP HOLE** may also occur because of various gaps in the EMS delivery mechanism. The **Dozen 'A'** should bypass the above **LOOP HOLE**.

The gaps in the EMS delivery mechanism should be overcome by matching and fulfilling the Hospital Perception by EMS users' expectation, hospital perception by its EMS specifications, hospital specification of its EMS by actual service delivery, EMS delivery by communication, EMS users' expectation by its perception, EMS users' expectation by hospital employee's perception and the difference in the perception of Hospital Management and its employees towards its EMS. An adaptive organizational culture is a must for smooth implementation of the Accreditation norms in a Hospital and its subsequent EMS. The documentation system of Accreditation should be made efficient enough to deal with the Medico Legal cases. Myths and mindsets of Accreditation regarding its Regulatory Status, Manipulation, Fabrication, Hospital Size, High Cost, Costing to the Patient are the basic challenges which should be dealt with the help of proper communication and mutual understanding.

It should be supported by proper Periodical Appraisal and an efficient Feedback Mechanism to make Accreditation as a Brand Positioning Tool of a Hospital in choosing its EMS.

BIBLIOGRAPHY

1. CP Bureau (Nov'2006), "NABH's hospital accreditation starts", *Chronical Pharmabiz*, pp 8.
2. CP Bureau (Nov' 2005), "Wockhardt Hospitals gets JCI-USA accreditation", *Chronical Pharmabiz*, pp7.
3. CP Edit (Nov'2006), "Standards for Healthcare", *Chronical Pharmabiz*, pp10.
4. (Dr.) Arjun Kalyanpur (Sep'2005), "Accreditation, standards of care : Necessary or nuisance?" *Express Healthcare Management*, pp6.
5. (Dr.) Haren Joshi (2007), "Desperately Seeking Timely Care", *Express Healthcare Mgmt*, pp24.
6. (Dr.) Pratap Reddy (Sept' 2007), "Delivering Quality Healthcare", *Quality India (QCI)*, pp 22.
7. Jayata Sharma (March 1-15, 2007), "Righting the Scales", *Express Pharma*, pp 79.
8. Kanwal Singh Nov'2007, "Indian Hospitals Race for Global Accreditation", *Pharma Buzz*, pp38.
9. Parasuraman A., Zeithaml V., Berry L.L. (1985) "A Conceptual Model of Service Quality and Its Implication for Service Quality Research", *Journal of Marketing*, pp44.
10. Philip Kotler (1991), "Product and Brand Positioning", *Marketing Management- Analysis, Planning, Implementation and Control*, Prentice Hall of India (P) Ltd., (VII Edn.), pp 324.
11. P K Krishnakumar (Jan'2006), "NABH accreditation to 50 hospital soon", *Economics Times*, pp6.
12. Q News (Nov 2007), "Accreditation Services for the Blood Products", *Quality India*, pp30.
13. Rita Dutta (Oct'2006), "Working Towards Affordable Accreditation", *Express Healthcare Management*, pp13.
14. (Dr.) Varsha Zende (Nov'2006), "Dynamics of Accreditation of Private Hospitals", *Express Healthcare Management*, pp 23.
15. YLR Moorthy (2000), "Brand Positioning", *Brand Management*, Vikas Publishing House (P) Ltd., pp 145.