

QAI CAHSC 002

Quality and Accreditation Institute
Centre for Accreditation of Health & Social Care



Change Adapt Improve

GENERAL INFORMATION
BROCHURE

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1. **Accreditation/ Certification of Health & Social Care Facilities**

QAI endeavours to operate various accreditation/ certification programmes in the space of health and social care. We are aiming to provide value addition to such organisation through a unique process of self-assessment and peer review. We would assist organisation in moving forward on a self-regulated improvement journey.

2. **Benefits of Accreditation/ Certification**

- It stimulates continual improvement.
- Enables the HCF in demonstrating commitment to quality and safe care.
- Assure community about the quality of services provided.
- Provides opportunity for benchmarking.
- Rights of patients/customers are respected and protected.
- Patients/Customer satisfaction is regularly evaluated.
- Improves overall professional development of staff and leadership opportunity at all levels.

3. **About Quality and Accreditation Institute (QAI)**

4. Quality and Accreditation Institute is an independent company incorporated by Registrar of Companies under the Companies Act 1956. QAI was set up to create an ecosystem of education, training, quality improvement and accreditation/ certification. It is believed that this organisation would provide 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 will further provide tremendous opportunities to all concerned to learn and contribute in improving organisations engaged with QAI. Different activities would be initiated under different verticals in a manner that they remain independent of each other. QAI aims to operate globally. One of the verticals set up within QAI is the Centre for Accreditation of Health and Social Care (CAHSC). It is responsible to run various accreditation/ certification activities in health and social care.

Quality Policy

QAI-CAHSC is committed to implement a robust quality system and provide services that exceed customer requirements.

Vision

Nurturing the largest global pool of organisation and people through quality and accreditation framework.

Mission

To conceive and deliver education, training, accreditation and related programmes in partnership with stakeholders using an approach of co-design and co-creation.

Values

Listener: Seek continuous feedback from stakeholders to address their concerns

Competitive: Look for viable options to benefit users of our services

Transparency: Clearly defined policies made available in public domain

Innovation: Continuously evolve using co-design and co-creation

Scope (Objectives)

- Accreditation/ certification of health and social care facilities
- Promoting a culture of quality and patient safety through information and communication
- Delivering education and training programmes in accreditation, quality & patient safety
- Capacity building of health and social care facilities in our core and related areas
- Developing a pool of skilled human resources in healthcare quality

Membership

QAI became the institutional member of the International Society for Quality in Health Care (ISQua) (www.isqua.org).



QAI became the institutional member of the International Society for Telemedicine and eHealth (ISfTeH) (www.isfteh.org).



5. QAI's Centre for Accreditation of Health & Social Care (CAHSC)

It is set up to operate accreditation/ certification programmes in health and social care sector. Primarily, it is targeted to launch those programmes which do not exist in India and there is a need felt by stakeholders to start such programmes. Currently, following accreditation/ certification/ recognition programmes have been developed: -

- Assisted Reproductive Technology (ART) including IVF Centres Accreditation Programme
- Home Health Care Accreditation Programme
- Dialysis Centres Accreditation Programme
- Green Health Care Facility Accreditation Programme
- Healthcare Facility Certification Programme
- WHO Patient Safety Friendly Hospital Standards Certification Programme
- Primary Care Clinic Accreditation Programme
- Ambulatory Care Facility Accreditation Programme
- Recognition Programme for Telemedicine Practitioners
- Accreditation Programme for Telehealth
- Accreditation Programme for Hotels and Home Stays
- Accreditation Programme for Emergency Department

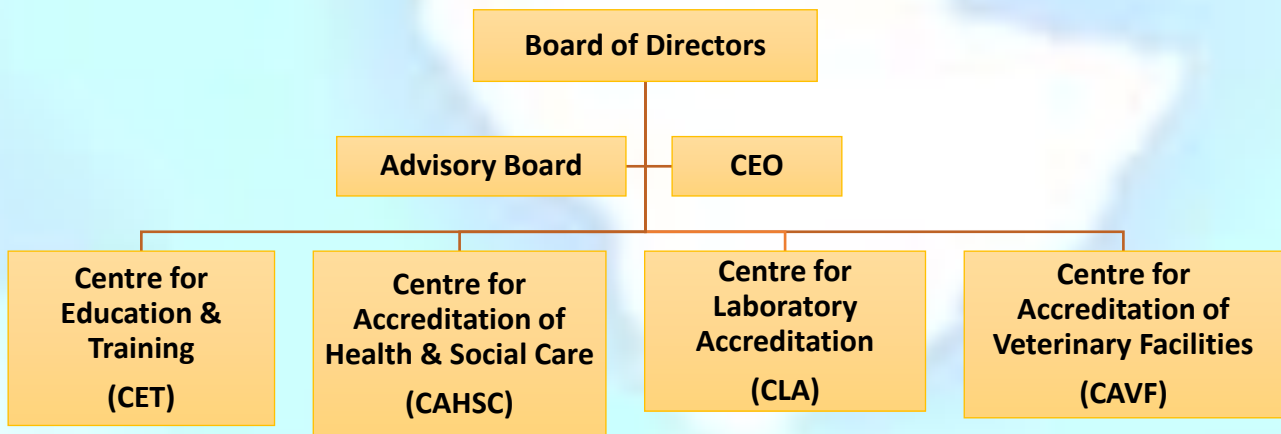
Following standards have achieved ISQua accreditation, making QAI the first and only accreditation body in India to get such recognition.

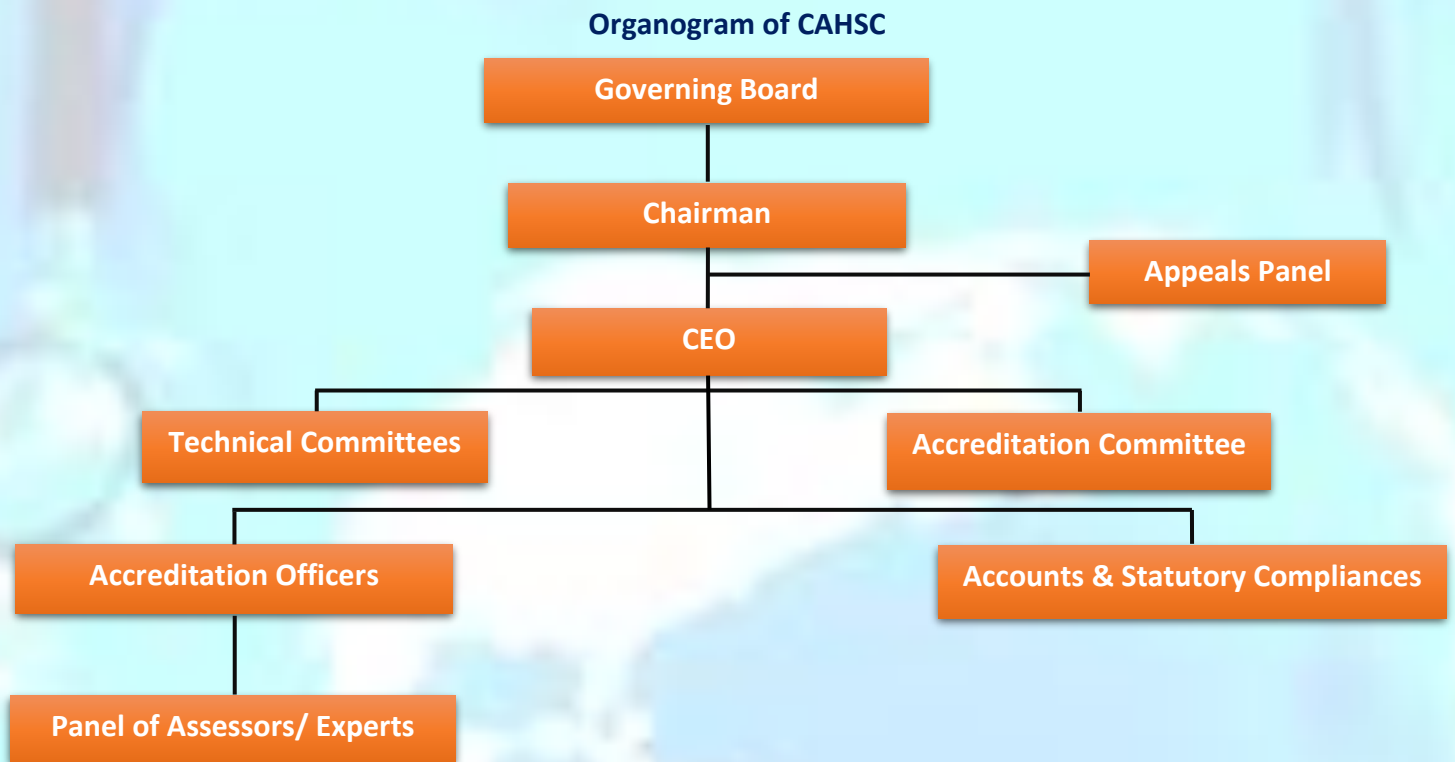


6. Organisation Structure

The organisation structure of QAI's Centre for Accreditation of Health and Social Care has been designed to meet the requirements of an effective and efficient accreditation/ certification system. The Centre is governed by a Board. The Board frames and approve policies and provide direction. CEO is the Member Secretary of the Board.

CAHSC operates its accreditation/ certification process through a structured framework of competent staff and pool of empanelled Lead Assessors and Assessors covering specified expertise, technical committees and accreditation committee. Membership of various committees is drawn from reputed organisations, experts in the field, experienced assessors, academic institutions, important professional bodies, regulatory agencies/ bodies etc.





7. Special Features of Accreditation/ Certification Programmes:

- Comprehensive Assessment Management System to allow quick turnaround time for the accreditation/ certification process as each step is linked to a defined period.
- Endorsement of a documented quality and improvement programme as per the intent of the standard.
- No pre-assessment to reduce turn-around time, making it more cost effective and efficient.
- Based on comprehensive self-assessment and document review process providing opportunity to HCFs for a thorough review of their own documentation and implementation of requirements of standards.
- Rigorous Assessor Management System including a transparent monitoring and evaluation process.
- Hear the voice of all keeping 'Client First'
- Harmonising local, national, regional and global frameworks
- Health care facility in SAARC nations enjoy same fee structure as for health care facilities in India
- Blend of global strategy, experience and leadership
- Economic yet global model

8. Scope of CAHSC Accreditation/ Certification

- **Assisted Reproductive Technology (ART) including IVF Centres**

Blastocyst Culture	Oocyte/Embryo/Blastocyst Cryopreservation
Counselling	Operation theatre
Donor Programme	Other procedures involving manipulation of gamete, embryo, and gonadal tissue
Embryo Biopsy	Ovarian Stimulation
Embryology Laboratory	Percutaneous Epididymal Sperm Aspiration (PESA)
Embryoscopy	Preimplantation Genetic Diagnosis (PGD)
Endometrial Biopsy	Preimplantation Genetic Testing (PGT)
Immunomodulation (Intralipid) Therapy	Reproductive Genetics
In Vitro Fertilization (IVF)	Semen Analysis (recognized standards e.g. WHO)
Intra Cytoplasmic Morphologically Selected Sperm Injection (IMSI)	Sperm cryopreservation
Intra Cytoplasmic Sperm Injection (ICSI)	Sperm DNA Fragmentation Index (DFI) Test
Intrauterine Insemination (IUI)	Sperm preparation (Fresh sample/ frozen sample/ MESA/ PESA/ TESE/ TESA/ Open Biopsy)
Laparoscopy & Hysteroscopy	Surrogacy
Laser Assisted Hatching	Testicular Sperm Aspiration (TESA)
Micro Epididymal Sperm Aspiration (MESA)	Testicular Sperm Extraction (TESE)
Oocyte retrieval	Ultrasonography

- **Home Healthcare**

Physiotherapy	Nursing (Basic, Geriatric Nursing, Post-Delivery)
Infusions	Care of Elderly
Physician Visit	Wound Management/Dressing Care
Medication Administration	Nutritional Consultation
Sample Collection	Tele Consultation
Critical Care Services	Speech Therapy
Non-Emergency Medical Transport	Feeding (Tube / Oral Feeding)
Maternity Care	Vital Monitoring
Post-Surgery Care	Diabetic Care
Counselling	Medication Reminder
Diabetic Care	Pharmacy
Companion Care Assistance	Education and Counselling
End of Life Care	Home Oncology
Pulmonology Rehabilitation	Neurology Rehabilitation
Post-Surgical Rehabilitation	Post Organ Transplant Rehabilitation
Transfusion Services	Equipment Supply
Specialist Consultation Services	Catheterisation & Catheter Care
Ostomy/ Colostomy Care	Skilled Hospice Support
Ryle's Tube	Dialysis
Stroke Rehabilitation	Lung Rehabilitation

Special Nursing (Critical Care, Palliative, Tracheostomy)

Personal care (Oral Hygiene, Denture Care, Eye Care, Bathing & Hygiene, Continence & Toileting Care, Skin Care, Back Care, Nail Care, Feet Care, Hair Care and Grooming, Hot / Cold Application, Steam Inhalation, Transfer and Posture Positioning)

- **Dialysis Centres**

Chronic Haemodialysis
Acute Haemodialysis
Peritoneal Dialysis
Haemofiltration and other similar modalities for adult and paediatric patients

- **Healthcare Facilities**

Scope of Certification – Broad Specialities in the hospital:

Anaesthesiology	Ophthalmology
Dermatology and Venereology	Orthopaedic Surgery*
Emergency Medicine	Otorhinolaryngology
Family Medicine	Paediatrics
General Medicine	Psychiatry
Geriatrics	Respiratory Medicine
General Surgery	Sports Medicine
Obstetrics and Gynaecology	Day Care Services

Scope of Certification - Super Specialities in the hospital:

Cardiac Anaesthesia	Neurosurgery
Cardiology	Nuclear Medicine
Cardiothoracic Surgery	➤ Medical Oncology
Clinical Haematology	➤ Radiation Oncology
Critical Care	➤ Surgical Oncology
Endocrinology	Paediatric Gastroenterology
Hepatology	Paediatric Cardiology
Hepato-Pancreato-Biliary Surgery	Paediatric Surgery
Immunology	Plastic and Reconstructive Surgery
Medical Gastroenterology	Rheumatology

Neonatology	Surgical Gastroenterology
Nephrology	Urology
Neurology	Vascular Surgery
Neuro-Radiology	Transplantation Services

Scope of Certification - Clinical Support departments/services in the hospital:

Ambulance
Blood Bank / Transfusion Services
Dietetics
Psychology
Rehabilitation
➤ Occupational Therapy
➤ Physiotherapy
➤ Speech and Language Therapy

Scope of Certification - Diagnostic Services in the hospital

Diagnostic Service:	
<i>Diagnostic Imaging:</i>	
➤ Bone Densitometry	➤ MRI
➤ CT Scanning	➤ PET
➤ DSA Lab	➤ Ultrasound
➤ Gamma Camera	➤ X-Ray
➤ Mammography	
<i>Laboratory Services:</i>	
➤ Clinical Bio-chemistry	➤ Haematology
➤ Clinical Microbiology and Serology	➤ Histopathology
➤ Clinical Pathology	➤ Molecular Biology
➤ Cytopathology	➤ Toxicology
➤ Genetics	
<i>Other Diagnostic Services:</i>	

➤ 2D Echo	➤ Spirometry
➤ Audiometry	➤ Tread Mill Testing
➤ EEG	➤ Urodynamic Studies
➤ EMG/EP	➤ <i>Any Other Diagnostic Service (s)</i>
➤ Holter Monitoring	

- **Telehealth Facilities**

Tele-Audiology	Tele-Neuropsychology
Tele-Cardiology	Tele-Obstetrics
Tele-Dermatology	Tele-Oncology
Tele-Dentistry	Tele-Ophthalmology
Tele-Emergency care	Tele-Orthopaedics
Tele-Endocrinology	Tele-Pathology
Tele-Gastroenterology	Tele-Paediatrics
Tele-Gynaecology	Tele-Pharmacy
Tele ICU	Tele-Psychiatry
Tele-Internal Medicine	Tele-Radiology
Tele-MAT (Medication-Assisted Treatment Through Telemedicine)	Tele-Rehabilitation
Tele-Nutrition	Tele-Surgery
Tele-Nursing	Tele-Trauma care
Tele-Nephrology	Tele-Urology
Tele-Neurology	Remote Monitoring of Patient
Other specialist care delivery	

- **For Dental Care Facility**

Advanced Radiological Services	Oncology
Anaesthesia Services	Oral Medicine and Radiology
Community Dentistry	Orthodontics
Conservative Dentistry	Oral Surgery
Emergency Services (24 hours)	Oral Pathology
Endodontics	Pedodontics

General Medicine	Periodontology
General Surgery	Plastic Surgery
ICU	Prosthodontics
Implant Dentistry	Trauma Care
Laboratory Services	Others, please specify

- **Eye Care Facility**

Anaesthesiology	Oculoplasty & Reconstructive Surgery
Cataract Services	Ophthalmic Emergency
Comprehensive Ophthalmic Services	Orbit Surgery
Cornea Services	Paediatric Ophthalmology
Glaucoma Services	Refractive Services
Medical Retina Services	Surgical Retina Services
Neuro-ophthalmology	Uvea Services
Ocular Oncology	Others, please specify

- **Imaging Centre**

MODALITY(S)	MODALITY(S)
Audiometry	
Bone Mineral Densitometry	<ul style="list-style-type: none"> ○ Dual Energy X Ray Absorptiometry (DEXA) ○ Quantitative Computed Tomography (QCT) ○ Quantitative Ultrasound (QUS)
Computed Tomography (CT) Scan	<ul style="list-style-type: none"> ○ CT Imaging ○ Cone Beam Computed Tomography ○ CT guided procedures
Dental X-ray	<ul style="list-style-type: none"> ○ Dental X-ray
Echocardiogram (ECHO)	

Electrocardiogram (ECG)	
Electroencephalography (EEG)	
Electromyography (EMG)/ Evoke Potential (EP)	
Fluoroscopy based Radiographic Procedures	<ul style="list-style-type: none"> ○ Fluoroscopy based Investigative Procedures
Holter Monitoring	
Interventional Procedures	<ul style="list-style-type: none"> ○ Fluoroscopy Guided Vascular Procedures ○ Fluoroscopy Guided Non-Vascular Procedures ○ Angiography/Cardiovascular Labs setups for vascular imaging and interventional procedures
Magnetic Resonance Imaging (MRI)	<ul style="list-style-type: none"> ○ MR imaging ○ MR guided procedures ○ MR guided HIFU
Mammography	<ul style="list-style-type: none"> ○ Mammography ○ Interventional Procedures
Nerve Conduction Velocity (NCV)	
Nuclear Medicine	<ul style="list-style-type: none"> ○ Plainer Gamma Camera ○ SPECT/SPECT CT ○ Positron Emission Tomography –(PET)/PET-CT ○ Radionuclide therapy
OPG	<ul style="list-style-type: none"> ○ OPG
Radiography	<ul style="list-style-type: none"> ○ General Radiography ○ Dental Radiography
Spirometry	
Tread Mill Testing (TMT)	
Ultrasound	<ul style="list-style-type: none"> ○ General Ultrasound ○ Colour Doppler flow imaging ○ Interventional procedures ○ USG guided HIFU
Uroflowmetry (UF)	
Others, please specify	<ul style="list-style-type: none"> ○ Radio frequency ablation (RFA) and Laser / Cryoablation / Thermoablation ○ Tele radiology ○ Any other imaging service

- **Physiotherapy Centre**

Electrotherapy	<ul style="list-style-type: none"> • Over head Pulley system/ Multiple Pulley Exercise Unit
<ul style="list-style-type: none"> • Electrical Energy- TENS (Trans Cutaneous Nerve Stimulator) 	<ul style="list-style-type: none"> • Parallel Bars and Wall Bars
<ul style="list-style-type: none"> • Electrical Muscle Stimulator. 	<ul style="list-style-type: none"> • Quadriceps Table, Mobilisation/ Stabilising Belts, Patient Evaluation Kit (including Goniometer, Percussion Hammer, Measuring tape etc.), Walking Aids (sticks, crutches, frames and wheel chairs etc.)
<ul style="list-style-type: none"> • Hydrocollator (Hot Packs) 	<ul style="list-style-type: none"> • Shoulder Exercise Unit
<ul style="list-style-type: none"> • Low and Medium Frequency Currents: IFT (Interferential Therapy) 	<ul style="list-style-type: none"> • Weight Cuffs (Optional)
<ul style="list-style-type: none"> • Paraffin Wax Bath Infrared/Ultra violet Radiation Lamps. (Cold) – Cryotherapy 	<ul style="list-style-type: none"> • Wrist and Hand Exercise Units
<ul style="list-style-type: none"> • Shortwave Diathermy 	Hydrotherapy
<ul style="list-style-type: none"> • Ultra sound Therapy 	Manual Therapy
Exercise Therapy	<ul style="list-style-type: none"> • To deliver primary service in health education and health promotion
<ul style="list-style-type: none"> • Abduction Ladder 	<ul style="list-style-type: none"> • To deliver health care services of physiotherapy and rehabilitative nature
<ul style="list-style-type: none"> • Dumbbell Exercise Set, Mat exercise (floor) mat 	Mechano Therapy
<ul style="list-style-type: none"> • Examination Couches (number according to the patient load) 	<ul style="list-style-type: none"> • Cervical and Lumber Traction systems (Intermittent and Constant) with traction table

9. Eligibility and Preparation for Accreditation/ Certification

9.1 Eligibility for Accreditation/ Certification

The applicant HCF must check whether they are eligible to apply. This can be done by looking at their scope of services and the accreditation/ certification standards available. The applicant is advised to implement standards for at least two months before applying for accreditation/ certification.

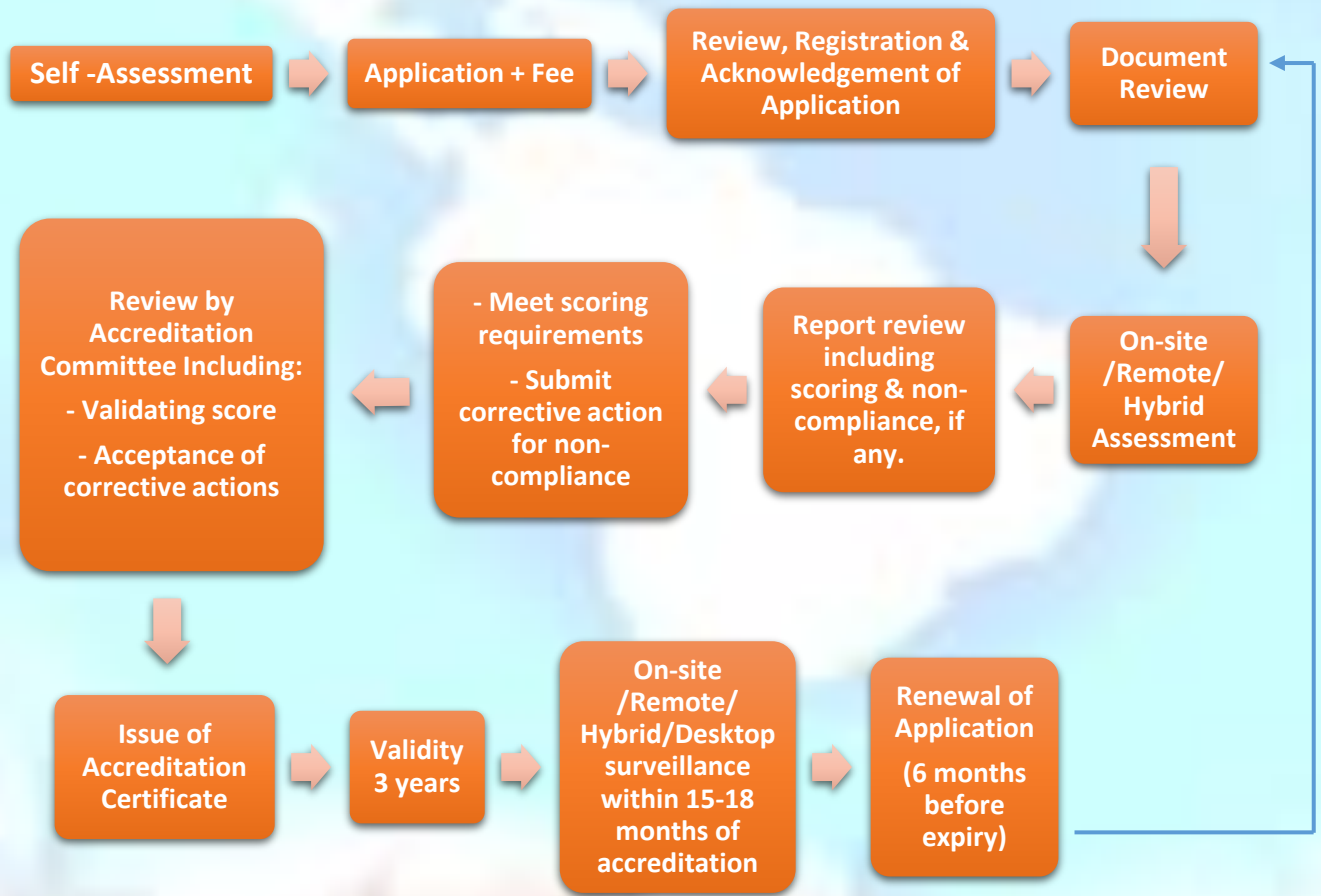
9.2 Preparing for Accreditation/ Certification

Management of the HCF shall first decide about getting accreditation/ certification from QAI. It is important for the HCF to make a definite plan of action for obtaining accreditation/ certification and nominate a person to co-ordinate all activities related to seeking accreditation/ certification. The nominated official should be familiar with existing policies, procedures and documents of the HCF.

HCF must procure an e-copy of the relevant QAI accreditation/ certification standards. A self-assessment tool kit can also be requested from the Secretariat. The HCF seeking accreditation/ certification shall understand the QAI assessment process. The HCF shall ensure that all the requirements of the standard are implemented. The HCF may get its personnel trained in understanding and implementation of accreditation/ certification standards. Such training programmes are conducted by QAI from time to time.

10. Accreditation Process

Conceptualised an accreditation process which is simple and efficient as shown below:



10.1 Self-Assessment

HCF first carry out self-assessment using self-assessment tool which is based on the requirements of the accreditation standards. It gives an opportunity to the HCF to examine all its documentation and their implementation. It will also give a comprehensive view of its documentation to the Assessment Team. A self-assessment tool can be requested from the Secretariat.

10.2 Application

Applicant is requested to submit the following:

- Soft copy of completed application form (available on website)
- Soft copy of Self-assessment tool along with referenced documents
- Prescribed application fees
- Soft copy of signed QAI CAHSC 003 'Terms and Conditions for Obtaining and Maintaining Accreditation/ Certification' (available on website)

10.3 Review, Registration and Acknowledgement of Application

CAHSC Secretariat on receipt of application form, self-assessment tool, referenced documents and the fees reviews the application for its completeness, and a unique ID number is allocated which is used for correspondence with the HCF. Secretariat may ask for additional information/ clarification(s) at this stage, if found necessary.

10.4 Document Review

Secretariat appoints an assessment team and share application form, self-assessment tool and any other relevant document provided by the Facility. CAHSC seeks facility's acceptance for the proposed assessment team. The facility can refuse any member of the proposed assessment team by giving specific reason(s) for their non-acceptance. Once the team and dates are finalised, lead assessor takes over to initiate the further process. The assessment team carry out document review by going through the application form, self-assessment tool and referenced documents, and provide feedback to the Secretariat. This feedback is shared with the facility for taking action.

10.5 Assessment

Appointed assessment team conducts the assessment (remote/ hybrid/ on-site). CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. The assessment team keeps the secretariat in loop for any communication with the facility. During assessment, the assessment team validate the scoring of self-assessment by reviewing documents, records, observation, interaction with staff and patients. The assessment report containing the findings of the assessment is prepared by the team. The non-compliances (a criterion receiving a score of 0 & 5), if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the facility. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and non-compliances, if any, are provided to the facility at the end of the assessment.

10.6 Review of Assessment Report and Decision Making

The assessment report is reviewed by the Secretariat for its completeness, scoring and non-compliances, if any. If the HCF meets the scoring for accreditation, however there are non-compliances, the HCF is asked to submit corrective actions against those non-compliances. The HCF shall get a time period of 90 days to submit all the corrective actions to QAI Secretariat. The corrective actions shall be reviewed by the respective Lead assessor/ assessor for the acceptance.

Once corrective actions are received, the report along with all documents is placed before the accreditation committee for its review and recommendation. All decisions taken by CAHSC regarding grant of accreditation are open to appeal by the HCF as per laid down appeal process.

10.7 Issue of Accreditation Certificate

If the recommendation of the accreditation committee results in the grant of accreditation, QAI-Secretariat processes for approval and issue of the accreditation certificate. Certificate has a unique number, name of accreditation standard, and period of accreditation i.e., dates of validity. The accreditation certificate is valid for three years. The certificate is issued under the signatures of the CEO and the Chair, CAHSC.

Accreditation Mark

Accredited HCF is authorised to use following accreditation mark subject to requirements specified in QAI CAHSC 019-Policy and guidelines for use of QAI accreditation/ certification mark.



PROGRAMME NAME

Example: HOME HEALTH CARE

10.8 Maintaining Accreditation

Compliance to applicable standards and other requirements

The accredited HCF at all times shall comply with the requirements of the standards as well as any other laid down requirements.

Terms and Conditions

The accredited HCF is required to comply at all times with the terms and conditions given in CAHSC 003 'Terms & Conditions for Obtaining and Maintaining Accreditation/ Certification'. The HCF is required to submit a signed soft copy of the same before issue of the accreditation certificate.

Adverse decision against the Healthcare Facility

If the HCF at any point of time does not comply with the applicable standards and/ or does not maintain the terms and conditions; or is not able to align itself to the modified criteria, CAHSC may take adverse decision against the HCF like abeyance, denial of accreditation, suspension or forced withdrawal as per laid down policy.

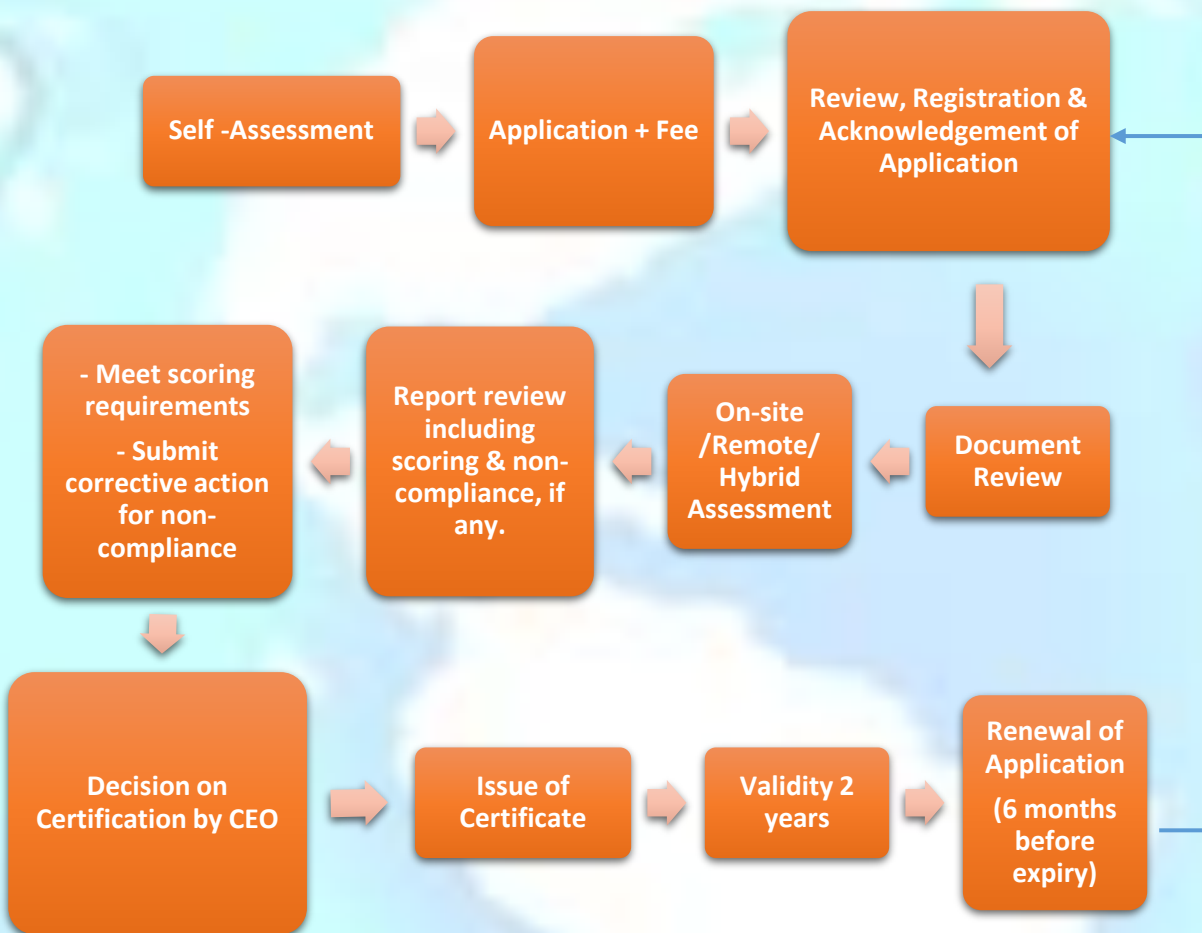
10.9 Surveillance

The accreditation certificate is valid for a period of three years. CAHSC shall conduct surveillance (Remote/ Hybrid/ On-site/ Desktop) within 15-18 months of accreditation. It is aimed at evaluating continued compliance with the applicable standards and other requirements stipulated from time to time.

10.10 Reassessment

The accredited HCF is subjected to re-assessment every 3 years for renewal of accreditation. The HCF has to apply six months before the expiry of accreditation in order to complete all formalities for renewal of accreditation before the expiry of the current accreditation so that continuity of the accreditation is maintained. The renewal application is submitted in the prescribed form along with required documents as mentioned in the application form. Rest of the process is same as for initial assessment.

11. Certification Process



11.1 Self-Assessment

HCF first carry out self-assessment using self-assessment tool which is based on the requirements of the certification standards. It gives an opportunity to the HCF to examine all its documentation and their implementation. It will also give a comprehensive view of its documentation to the Assessment Team. A self-assessment tool can be requested from the Secretariat.

11.2 Application

Applicant is requested to submit the following:

- Soft copy of completed application form (available on website)
- Soft copy of Self-assessment tool along with referenced documents
- Prescribed application fees
- Soft copy of signed QAI-CAHSC 003 'Terms and Conditions for Obtaining and Maintaining Accreditation/Certification' (available on website)

11.3 Review, Registration and Acknowledgement of Application

CAHSC Secretariat on receipt of application form, self-assessment tool, referenced documents and the fees reviews the application for its completeness, and a unique ID number is allocated which is used for correspondence with the HCF. Secretariat may ask for additional information/ clarification(s) at this stage, if found necessary.

11.4 Document Review

Secretariat appoints an assessment team and share application form, self-assessment tool and any other relevant document provided by the Facility. CAHSC seeks facility's acceptance for the proposed assessment team. The facility can refuse any member of the proposed assessment team by giving specific reason(s) for their non-acceptance. Once the team and dates are finalised, lead assessor takes over to initiate the further process. The assessment team carry out document review by going through the application form, self-assessment tool and referenced documents, and provide feedback to the Secretariat. This feedback is shared with the facility for taking action.

11.5 Assessment

Appointed assessment team conducts the assessment (remote/ hybrid/ on-site). CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. The assessment team keeps the secretariat in loop for any communication with the facility. During assessment, the assessment team validate the scoring of self-assessment by reviewing documents, records, observation, interaction with staff and patients. The assessment report containing the findings of the assessment is prepared by the team. The non-compliances (a criterion receiving a score of 0 & 5), if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the facility. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and non-compliances, if any, are provided to the facility at the end of the assessment.

11.6 Review of Assessment Report and Decision Making

The assessment report is reviewed by the Secretariat for its completeness, scoring and non-compliances, if any. However, if there were non-compliances, the HCF shall submit corrective actions within 60 days. The corrective actions shall be reviewed by the respective Lead assessor/ assessor for the acceptance.

11.7 Issue of Certificate

Based on the scoring, QAI-Secretariat processes for issue of certificate after approval of the CEO. Certificate has a unique number, name of certification standard, and period of certification i.e., dates of validity. The certificate is valid for two years. The certificate is issued under the signatures of the CEO.

Certification Mark

Certified HCF is authorised to use following certification mark subject to requirements specified in QAI CAHSC 019-Policy and guidelines for use of QAI accreditation/ certification mark.



PROGRAMME NAME

Example: HEALTH CARE FACILITY

11.8 Maintaining Certification

Compliance to applicable standards and other requirements

The certified HCF at all times shall comply with the requirements of the standards as well as any other laid down requirements.

Terms and Conditions

The certified HCF is required to comply at all times with the terms and conditions given in CAHSC 003 'Terms & Conditions for Obtaining and Maintaining Accreditation/Certification'. The HCF is required to submit a signed soft copy of the same before issue of the certificate.

Adverse Decision against the Healthcare Facility

If the HCF at any point of time does not comply with the applicable standards and/ or does not maintain the terms and conditions; or is not able to align itself to the modified criteria, CAHSC may take adverse decision against the HCF like abeyance, denial of certification, suspension or forced withdrawal as per laid down policy.

11.9 Reassessment

The certified HCF is subjected to re-assessment every 2 years for renewal of certification. The HCF has to apply six months before the expiry of certification in order to complete all formalities for renewal of certification before the expiry of the current certification so that continuity of the certification is maintained. The renewal application is submitted in the prescribed form along with required documents as mentioned in the application form. Rest of the process is same as for initial assessment.

12. Assessment Criteria and Fee Structure

A uniform fee structure is maintained for all HCFs and the charges are maintained at a reasonable level so that HCFs are not denied participation in the accreditation/ certification process because of unreasonable financial conditions. The fee structure is kept simple and economical to facilitate maximum number of participations, less invoices and bank transactions. The information about the fee structures for various accreditation/ certification programmes are given below:

Assessment Criteria and Fee Structure for ART Centres

No. of embryos transfer in ART Centre (per year)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 300	Two man days (2x1)	One man day (1x1)	25000	125000
Above 300	Four man days (2x2)	Two man days (2x1)	50000	200000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the facilities and size of the ART Centre.

Assessment Criteria and Fee Structure for Dialysis Centres

Size of the dialysis centre (Number of dialysis machines)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 7	One man day (1x1)	One man day (1x1)	10000	50000
8 to 15	One man day (1x1)/ Two man days (2x1)/	One man day (1x1)	30000	100000
More than 15	Two man days (2x1)/ Four man days (2x2)	One man day (1x1)/ Two man days (2x1)	50000	200000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the size of the Dialysis Centre.

Assessment Criteria and Fee Structure for Home Health Care Facility

Fees for Head Office Accreditation

Patient Care Episodes* for entire HCF (per month)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 2000	Two-man days (2x1)/ Four-man days (2x2)	One-man day (1x1)	75000	150000
2001-5000	Four-man days (2x2)	Two-man days (2x1)	100000	200000
5001-10000	Four-man days (2x2)/ Six-man days (3x2)	Two-man days (2x1)	125000	250000
10001-15000	Six-man days (2x3) / Six-man days (3x2)	Four-man days (2x2)	150000	300000
>15000	Six-man days (2x3) / Six-man days (3x2)	Four-man days (2x2)	250000	500000

*It means that if a home care HCF with single legal entity is offering services in multiple cities then patient episodes of all those cities together would be counted for this categorisation purpose. The city in which head office is located and most of the services are controlled/ directed would take more time for assessment to review its system. A home care HCF may choose to apply for all its locations or for a select few. In case it chose to apply for multiple city locations then all city locations shall be visited and a sample of homes would be visited for assessment. This would give flexibility to HCF to apply for head office and any other city of choice. HCF can keep adding as and when they are ready with implementation of standards. The following additional fee structure would be applicable:

Assessment Criteria and fee per City

Patient Care Episodes at each city (per month)	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 2000	One-man day (1 x 1)	One-man day (1 x 1)	10000	25000
2001-3000	One-man day (1 x 1)	One-man day (1 x 1)	20000	50000
3001-4000	Two-man days (2x1)	One-man day (1 x 1)	30000	75000
4001-5000	Four-man days (2x2)	Two-man days (1x2) / Two-man days (2x1)	40000	100000
>5000	Four-man days (2x2)	Two-man days (1x2) / Two-man days (2x1)	50000	125000

Definition of patient care episodes – physical patient visits including visits conducted by doctor, nurse, nursing assistant, physiotherapist, dietician & phlebotomist staff at patient’s home. **Episodes like equipment installation, audit visits, on-site training visits, counselling / disease education to be excluded.**

NOTE: The assessment man days given above for assessment and surveillance are indicative and may change depending on the facilities or patient care episodes.

Assessment Criteria and Fee Structure for Green Health Care Facility

Size of Hospital	Assessment Criteria	Accreditation Fee	
	Final Assessment/ Renewal Assessment	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 50 beds	Two man-days (1x2)	10000	25000
51-250 beds	Two man-days (1x2)/ Four man-days (2x2)	20000	50000
251-500 beds	Four man-days (2x2)/ Six man-days (2x3)	30000	75000
More than 500 beds	Six man days (2x3)/ Six man-days (3x2)	40000	100000

NOTE: The man-days given above are indicative and may change depending on the facilities and size of the hospital.

Assessment Criteria and Fee Structure for Healthcare Facilities

Size of the health care facility	Assessment Criteria	Certification Fee		
	Final Assessment/ Renewal Assessment	Application Fee (Rs.)	Two Years Fee (Rs.)	Total Fee (Rs.)
Up to 50 beds	One man day (1x1)	2000	20000	22000
51-250 beds	One man day (1x1)/ Two man days (2x1)/(1x2)	5000	50000	55000
251-500 beds	Two man days (2x1)/(1x2) Four man days (2x2)	10000	80000	90000

NOTE: The man days given above for assessment/ re-assessment are indicative and may change depending on the size of the health care facility. Application fee and certification fee for one cycle of two years to be paid in advance in one single payment.

Assessment Criteria and Fee Structure for WHO Patient Safety Friendly Hospital Standards

Size of Hospital	Assessment Criteria	Certification Fee	
	Final Assessment/ Renewal Assessment	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 50 beds	Two man-days (1x2)	10000	25000
51-250 beds	Two man-days (1x2)/ Four man-days (2x2)	20000	50000
251-500 beds	Four man-days (2x2)/ Six man-days (2x3)	30000	75000
More than 500 beds	Six man days (2x3)/ Six man-days (3x2)	40000	100000

NOTE: The man-days given above are indicative and may change depending on the facilities and size of the hospital.

Assessment Criteria and Fee Structure for Primary Care Clinic

Facility	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee	Annual Accreditation Fee
Primary Care Clinic	One-man day	One-man day	INR 10000/ USD 150	INR 20000/ USD 300

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the primary care clinic.

Assessment Criteria and Fee Structure for Ambulatory Care Facility-Dental

Type of Dental facility (Number of dental chairs in clinic/ facility without inpatients)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
1-3	One-man day (1x1)	One-man day (1x1)	5000	15000
4-8	One-man day (1x1)/ Two-man days (2x1)/	One-man day (1x1)	15000	40000
9-15	Two-man days (2x1)/ Four-man days (2x2)	One-man day (1x1)/ Two-man days (2x1)	20000	60000
Without inpatient	Four-man days (2x2)	Two-man days (2x1)	33000	110000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the category of the Ambulatory Care Facility Dental. A nominal fee may be charged for remote or hybrid assessment.

Assessment Criteria and Fee Structure for Ambulatory Care Facility-Eye Care

Total Number of Surgeries (Including Laser Refractive per year)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Less than 500	Two-man days (2x1)	One-man day (1x1)	10000	25000
501 - 1500	Four-man days (2x2)	Two-man days (2x1)	20000	40000
1501 - 10000	Four-man days (2x2)	Two-man days (2x1)	25000	75000
More than 10000	Six-man days (3x2)	Four-man days (2x2)	40000	150000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the category of the Ambulatory Care Facility Eye Care. A nominal fee may be charged for remote or hybrid assessment.

Assessment Criteria and Fee Structure for Ambulatory Care Facility-Imaging

Practice Category (based on no. of modalities present)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Small Practice, 1 modality	Two-man day (2x1)	One-man day (1x1)	10000	30000
Medium Practice, 2 modalities	Two-man day (2x1)	One-man day (1x1)	15000	40000
Large Practice, 3 or more than 3 modalities	Four-man days (2x2)	Two-man days (2x1)	20000	60000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the category of the Ambulatory Care Facility Imaging. A nominal fee may be charged for remote or hybrid assessment.

**Assessment Criteria and Fee Structure for Ambulatory Care Facility - Physiotherapy/
Occupational Therapy Facility (according to total number of patients visit)**

Standalone Facility				
Total number of patients visit (monthly)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Upto 250	One-man day (1x1)	One-man day (1x1)	10000	30000
251- 500	One-man day (1x1)/ Two-man days (2x1)/	One-man day (1x1)	15000	40000
More than 501	Two-man days (2x1)/ Four-man days (2x2)	Two-man days (2x1)	20000	60000

Hospital Based Facility				
Number of patients in one sitting	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Upto 5	One-man day (1x1)	One-man day (1x1)	15000	40000
5 - 10	One-man day (1x1)/ Two-man days (2x1)/	One-man day (1x1)	20000	60000
>10	Two-man days (2x1)/ Four-man days (2x2)	Two-man days (2x1)	25000	80000

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the category of the Ambulatory Care Facility (Physiotherapy/Occupational Therapy). A nominal fee may be charged for remote or hybrid assessment.

Assessment criteria and fee structure for Accreditation of Telehealth Facility

Number of Consultation Per Day	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Less than 100	One-man day (1x1)	One-man day (1x1)	10000	25000
101-1000	One-man day (1x1)/ Four-man days (2x2)	One-man day (1x1)	20000	50000
More than 1000	Four-man days (2x2)	Two-man days (2x1)	30000	75000

NOTE: The man-days given above for assessment and surveillance are indicative and may change depending on category of number of doctors in Telehealth Facility. A nominal fee may be charged for remote or hybrid assessment.

Assessment criteria and fee structure for Accreditation of Hotels and Home Stays

Size of the Hotel/ Facility (Number of guest rooms)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up to 25	One-person day (1x1)	One-person day (1x1)	10000	30000
26 - 99	Two-person days (2x1)	One-person day (1x1)	20000	60000
100-299	Four-person days (2x2)	Two-person days (2x1)	30000	100000
300 & above	Six-person days (2x3)	Four-person days (2x2)	50000	150000

NOTE: The person-days given above for assessment and surveillance are indicative and may change depending on the size/ layout of the hotel. A nominal fee may be charged for remote or hybrid assessment.

Assessment criteria and fee structure for Accreditation of Emergency Department

Size of Hospital (Number of Operational Beds and excluding emergency beds)	Assessment Criteria		Accreditation Fee	
	Final Assessment/ Renewal Assessment	Surveillance	Application Fee (Rs.)	Annual Accreditation Fee (Rs.)
Up 200	One-man day (1x1)	One-man day (1x1)	5000	25000
201 – 400	Two-man days (2x1)	One-man day (1x1)	7500	50000
More than 400	Two-man days (2x1)	One-man day (1x1)	10000	75000

NOTE: The man-days given above for assessment and surveillance are indicative and may change depending on the size of the hospital. There will be a remote assessment fee of Rs. 2000, if assessment is done remotely or hybrid.

A nominal fee may be charged for remote or hybrid assessment. In addition to the above-mentioned fee structures of all the programmes –
ART Centres, Dialysis Centres, Home Health Care, Green Health Care Facility, Healthcare Facilities, WHO Patient Safety Friendly Hospital Standards, Primary Care Clinic, Ambulatory Care Facility, Hotels and Homestays, Emergency Department GST @18.0 % or as applicable from time to time to be paid.

Assessment Charges: In addition to the above fee, HCF shall bear the cost of following (in case of on-site/ hybrid assessment):

- a. Travel of the assessment team
- b. Accommodation and meals

Guidelines for Travel and Lodging:

- a. Travel to be made by Air in economy class (Apex fare) or by train in 2nd AC Class or by AC Bus/ Taxi.
- b. The HCF will provide the tickets for travel as per above guidelines. If the journey is made by own car, the re-imbursement will be as per company's rules or restricted to 2nd AC Class fare by train.
- c. The HCF shall also make arrangements for travel & lodging for the Assessment team. A single occupancy AC accommodation may be provided for each Assessor/ Observer in a reasonably good hotel/ guesthouse and arrangement for local transportation from temporary residence to the HCF and airport/ railway station/ bus stand.

Fee Payment:

All payments through Demand Draft/ Check/ Bank Transfer shall be made in favour of '**Quality and Accreditation Institute Pvt. Ltd.**' payable at Noida/New Delhi.

Bank Transfer details are:

Beneficiary name: Quality and Accreditation Institute Pvt. Ltd.

Beneficiary address: A-34, Sector 48, Noida-201304, India

Bank Account number: 003105031612

Bank Details: ICICI Bank Limited, K-1, Senior Mall, Sector 18, Noida-201301, India

Bank IFSC Code: ICIC0000031

Bank Swift Code: ICICINBBNRI

PAN No.: AADCI3230L

GSTIN: 09AADCI3230L1ZK

Note: Any bank charges for transfer of fee is to be paid by the sender.

13. QAI-CAHSC Publications

All relevant publications are available on our website www.qai.org.in



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