



# **Quality & Accreditation Institute**



**Centre for Accreditation of Health and Social Care**

# Introduction of QAI

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- Function as an **Accreditation Body** in August 2017
- **Vision:** Nurturing the largest global pool of organisations and people through quality improvement 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.

# Introduction of QAI

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## 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

# Accreditation/ Certification Programmes

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1. Assisted Reproductive Technology (ART)/IVF Centre
2. Home Health Care
3. Dialysis Centre
4. Green Health Care Facility
5. Healthcare Facility/ Hospital Certification
6. WHO Patient Safety Friendly Hospital Standards Certification Programme
7. Primary Care Clinic
8. Ambulatory Care Facility (Dental/Eye/Imaging etc.)
9. Telemedicine/ Digital Health (Work in Progress)

# International Approval: ISQua Accreditation

**QAI is the first and only accreditation body in India having 2 standards accredited by ISQua.**



QAI is an institutional member of the  
International Society for Quality in Health Care  
(ISQua)

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Dr. B.K. Rana, CEO is a member of the Board of  
Directors (2014 - 2016, 2017-2020)

# QAI Journal for Healthcare Quality & Patient Safety ([www.qaij.org](http://www.qaij.org))

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# Global Operations

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- Nepal
- Bhutan
- Bangladesh
- Philippines
- Maldives
- Oman
- Ghana
- Nigeria
- Mexico

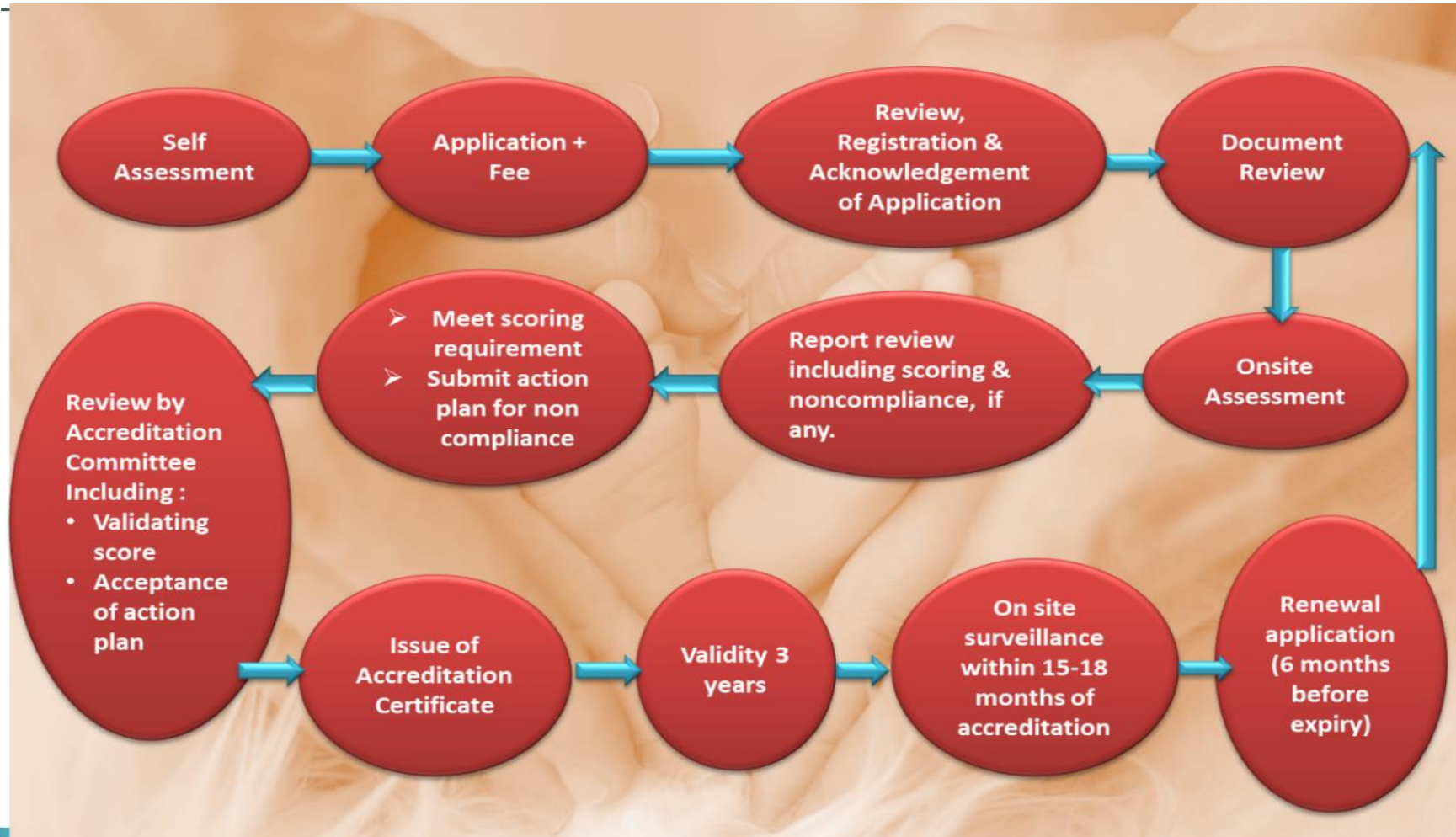


# Accreditation Mark

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# Accreditation Process



# Accreditation

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- Public recognition of the achievement of accreditation standards by a healthcare organisation, demonstrated through an independent external assessment of that organisation's level of performance in relation to the standard.

***(ISQua)***

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# Benefits of Accreditation

# For Patients

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- Patient centric care
- Empowered patient
- High quality of care
- Increased patient safety
- Patients get services by competent staff
- Rights of patients are respected and protected
- Patient satisfaction is regularly evaluated
- Transparency in treatment cost
- Ethical consideration

# For Clinics

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- Accreditation stimulates continual improvement.
- Enables the organisation in demonstrating commitment to quality and safety.
- Helps building community confidence in their services.
- Increased credibility and recognition
- Transparent operation
- Provides opportunity to healthcare facility to benchmark.
- **System for self-regulation**
- Increased business

# For Staff

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- Increased staff satisfaction as it provides
  - opportunities for continuous learning, good working environment,
  - leadership and ownership of processes.
- Increased Staff safety including best practices for infection prevention e.g. COVID-19
- Support professional development

# For Third parties / Stakeholders

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- Provides an objective system of evaluation and empanelment for payer (government /insurance / organisations) and other third parties.
- Accreditation provides access to reliable and documented information on activities, facilities, infrastructure and level of care.



# Driving Factors for Accreditation

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- Consumer Protection Act
- Clinical Establishment Act
- Insurance Companies regulation
- Empanelment by insurance providers
- Community Awareness & Response
- Health Tourism (Medical Value Travel)

# Framework of Standards

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1. Governance and Leadership (GAL)
2. Human Resource Management (HRM)
3. Facility and Risk Management (FRM)
4. Information Management System (IMS)
5. Continual Quality Improvement (CQI)
6. Patient Assessment and Care (PAC)
7. Patient Rights and Education (PRE)
8. Medication Management and Safety (MMS)
9. Hygiene and Infection Control (HIC)

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	4	8
2	Human Resource Management (HRM)	5	10
3	Facility and Risk Management (FRM)	4	9
4	Information Management System (IMS)	4	10
5	Continual Quality Improvement (CQI)	3	9
6	Patient Assessment and Care (PAC)	9	34
7	Patient Rights and Education (PRE)	6	25
8	Medication Management and Safety (MMS)	6	16
9	Hygiene and Infection Control (HIC)	2	7
	<b>Total</b>	<b>43</b>	<b>128</b>

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# CHAPTER 1:

# Governance and Leadership

# (GAL)

# STANDARDS

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**GAL.1:** The management of the primary care clinic is committed to, and actively engaged in, quality and safety.

**GAL.2:** The management is accountable for the quality and safety of care delivered .

**GAL.3:** The management is aware of the quality and safety of care delivered.

**GAL.4:** The primary care clinic is committed to health promotion, wellness and disease prevention in collaboration with community and government agencies.

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# CHAPTER 2: Human Resource Management (HRM)

# STANDARDS

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HRM.1: The primary care clinic has adequate and appropriate human resources.

HRM.2: The primary care clinic has a continuous professional development program for its staff.

HRM.3: A documented disciplinary and grievance handling system exists in the primary care clinic.

HRM.4: A documented policy exists to address health needs of staff.

HRM.5: The primary care clinic has a documented system of maintaining personnel files for all staff.

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# CHAPTER 3:

## Facility and Risk Management (FRM)



# STANDARDS

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FRM.1: Facility Management is guided by applicable laws and regulations.

FRM.2: There is a documented safety and security plan.

FRM.3 :The primary care clinic has provision of potable water and electricity during operational hours.

FRM.4: There is a documented equipment management programme.

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# CHAPTER 4:

# Information Management

# System

# (IMS)

# STANDARDS

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IMS.1: The primary care clinic implements a system of managing data and information.

IMS.2: The primary care clinic provides a medical record for all patients.

IMS.3: The primary care clinic has documented policy and procedure for maintaining confidentiality, integrity and security of records, data and information.

IMS.4: There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.

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# CHAPTER 5: Continual Quality Improvement (CQI)

# STANDARDS

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CQI.1: There is a structured quality improvement programme.

CQI.2: There is a patient-safety programme in the primary care clinic.

CQI.3: The primary care clinic defines and monitors performance indicators.

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# CHAPTER 6:

# Patient Assessment & Care

# (PAC)

# STANDARDS

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PAC.1: The primary care clinic defines and displays its services.

PAC.2: The primary care clinic has a documented registration process.

PAC.3: The primary care clinic has a mechanism for referral of patients.

PAC.4: Initial assessment and follow-up assessment are conducted of all patients being cared for in the primary care clinic.

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PAC.5: The primary care clinic ensures uniformity and continuity of patient care.

PAC.6: Documented policy and procedure exist for care of vulnerable patients.

PAC.7: Documented policy and procedure exist for care of patients with special needs.

PAC.8: Diagnostic laboratory and imaging services, if provided are as per the scope of services of the primary care clinic.



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PAC.9: Basic emergency services are provided as per documented procedure.

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# CHAPTER 7: Patient Rights and Education (PRE)

# STANDARDS

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PRE.1: The primary care clinic protects rights of patients and/or family, and inform them about their responsibilities.

PRE.2: The primary care clinic identifies and documents the rights of patient supporting individual beliefs and values.

PRE.3: The primary care clinic educates the patient and family to make informed decisions and their involvement in care planning.

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PRE.4: Patients and/ or family are educated about treatment and healthcare needs.

PRE.5: Patients and families have a right to information on the expected cost of treatment.

PRE.6: The primary care clinic has a documented feedback (compliment and complaint) system.

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# CHAPTER 8:

# Medication Management and Safety (MMS)

# STANDARDS

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MMS.1: Documented policy and procedure exist for the management of medication.

MMS.2: There is documented policy and procedure for prescription of medication.

MMS.3: A documented procedure exists for safe dispensing of medications.

MMS.4: A documented procedure exists for safe administration of medications.

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MMS. 5: The primary care clinic has a system of monitoring of adverse drug events.

MMS. 6: Documented policies and procedures guide the use of medical supplies and consumables.

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# CHAPTER 9:

## Hygiene and Infection Control (HIC)



# STANDARDS

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HIC. 1: The primary care clinic has a hygiene and infection control programme.

HIC. 2: The primary care clinic has a policy and procedure to handle bio-medical waste.

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# Thank you

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