

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



*Change Adapt Improve*

**INFORMATION BROCHURE  
FOR  
PATIENT SAFETY FRIENDLY HOSPITAL  
CERTIFICATION PROGRAM**

**Issue No : 01**

**Issue Date: April 2019**

<b>Quality and Accreditation Institute</b>		
<b>Centre for Accreditation of Health &amp; Social Care</b>		
Doc. No.: QAI CAHSC 501   Information Brochure for Patient Safety Friendly Hospital Certification Program		
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## CHANGE HISTORY

Sl. No.	Doc No.	Current Issue No.	Revised Issue No.	Date of Issue	Reasons

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### 1) **Certification of Health & Social Care Facilities**

QAI endeavours to operate various certification programs in the space of Health and Social Care. We are aiming to provide value addition to such organisations through a unique process of self-assessment and peer review. We would assist organisations in moving forward on a self-regulated improvement journey.

### 2) **About Quality and Accreditation Institute (QAI)**

Quality and Accreditation Institute is a private limited 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. 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.

**Vision:** Nurturing the largest global pool of organisations and people through quality and accreditation framework.

**Mission:** To conceive and deliver education, training, accreditation and related programs 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

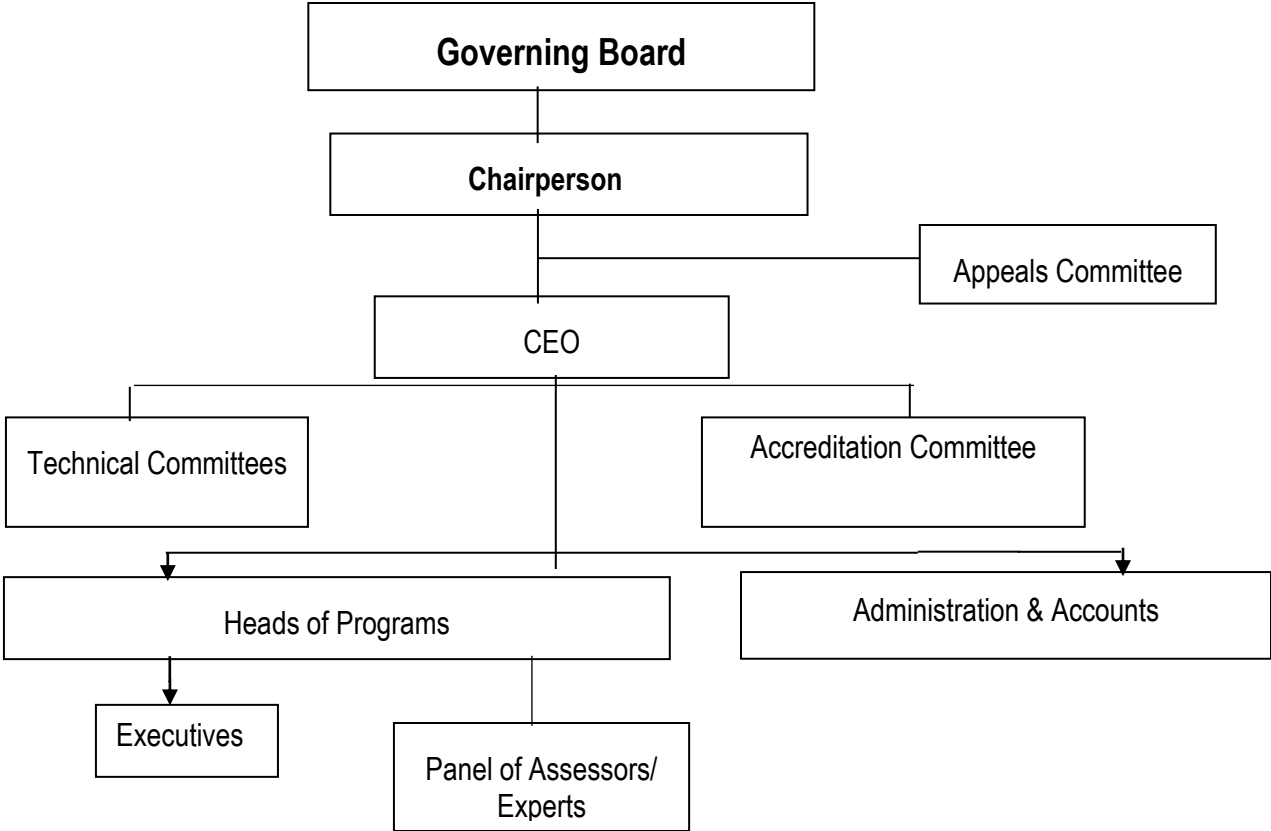
**Innovation:** Continuously evolve using co-design and co-creation

### 3) **Organization Structure**

The organization 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 guidelines, and provide direction to QAI's CAHSC. CEO, QAI is the Member Secretary of the Board.

CAHSC operates its certification process through a structured framework of competent staff and pool of empanelled Lead Assessors and Assessors covering specified expertise. They are trained by CAHSC as per the relevant certification criteria and subsequently empanelled as assessors/ lead assessors through defined contractual agreements.

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**4) About WHO Patient Safety Friendly Hospital Standards (PSFHS)**

Patient safety is a global health concern, affecting patients in all health care settings, whether in developed or developing countries. **Patient safety is the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.** In addition to human suffering, unsafe health care exacts a heavy economic toll the reason is system failures rather than the actions of individuals. WHO has recognized the importance of patient safety and prioritized it as a public health concern. WHO EMRO has developed patient safety friendly hospital standards which are adopted by QAI-CAHSC to operate a certification program to spread the concept of patient safety.

**5) Patient Safety Friendly Hospital Assessment**

Patient safety standards are a set of requirements that are critical for the establishment of a patient safety programme at hospital level. They provide a framework that enables hospitals to assess patient care from a patient safety perspective, build capacity of staff in patient safety, and involve consumers in improving health care safety. Patient safety friendly hospital assessment is a mechanism developed to assess patient safety in hospitals. It provides institutions with a means to determine the level of patient safety; whether for the purpose of initiating a patient safety programme or as part of an on-going programme.

The assessment is voluntary and is conducted through an external, measurement-based evaluation. Assessment has several benefits for hospitals. It demonstrates to the public commitment and accountability regarding patient safety. It offers a key benchmarking tool, identifies opportunities for improvement, and encourages improvement to attain standard targets. Finally, it provides motivation for staff to participate in improving patient safety. The ultimate goal of the initiative is to improve the level of patient safety in hospitals by creating

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conditions that lead to safer care, thus protecting the community from avoidable harm and reducing adverse events in hospital settings.

**6) How does PSFHS Assessment Benefit Hospitals?**

- It demonstrates **public commitment and accountability** regarding patient safety.
- Benchmarking hospitals performance against PSFHS **encourages improvement** in patient safety.
- Using the assessment **motivates staff** to improve patient safety.

**7) Why Patient Safety Matters?**

Patient safety is a major challenge for all health systems globally.

- Adverse events following hospitalization are the 14<sup>th</sup> leading cause of death and injury globally.
- There are approximately 421 million hospitalization each year globally, 42.1 million of which result in adverse events.
- About 15% of all hospitals activities and expenditure are a direct result of adverse events, costing trillions of dollars annually.
- Research has shown that up to 18% of hospitals admissions in Eastern Mediterranean Region are associated with adverse events and 83% are preventable.

**8) Five Key Strategies to Improve Patient Safety**

- Leadership commitment
- Clear policies and guidelines
- Competent and compassionate health professionals
- Engaging patients and families
- Using data to drive improvements

**9) PSFHS Domains and Standards**

There are **Five** domains to improve patient safety-

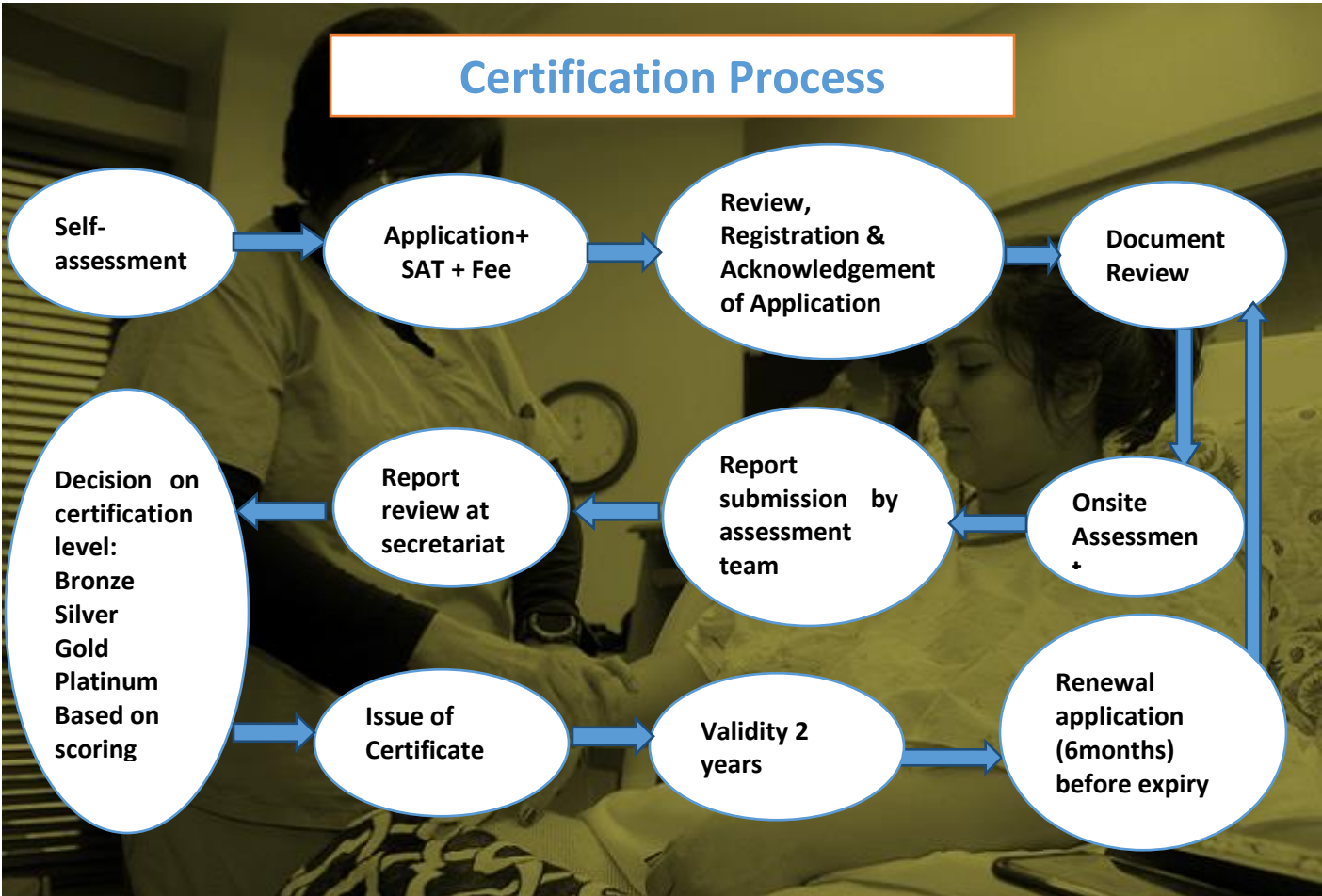


**139 standards** cover the five domains, including **20 critical standards**, **89 core standards** and **30 developmental standards**. Hospitals are graded to show how far they meet each standard, with **four levels** of compliance.

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Hospital level	Critical standards	Core standards	Developmental standards
Level 1 (Bronze)	100%	Any	Any
Level 2 (Silver)	100%	60–89%	Any
Level 3 (Gold)	100%	≥ 90%	Any
Level 4 (Platinum)	100%	≥ 90%	≥ 80%

10) **Certification Process:**  
 Conceptualised Certification Process which is simple and efficient as shown below:



**10.1 Self-Assessment**

Organisation first carry out self-assessment using tool kit which is based on the requirements of the certification standards. It gives an opportunity to the organisation to examine all its documentation and their implementation. It will also give a comprehensive view of its documentation to the Assessment Team.

## 10.2 Application

Applicant organisation is requested to submit the following:

- Three copies of completed application forms (available on website)
- Self-assessment tool along with referenced documents (**soft copy**)
- Prescribed application fees
- Signed copy of 'Terms and Conditions for Obtaining and Maintaining Certification'

## 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 organisation. Secretariat may ask for additional information/ clarification(s) at this stage, if found necessary.

## 10.4 Document Review

Secretariat appoints an assessment team from the list of empanelled assessors. The assessment team carries out document review by going through the self-assessment tool and referenced documents before proceeding for on-site assessment.

## 10.5 Final on-site Assessment

Appointed assessment team conducts the on-site assessment. CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. CAHSC seeks organisation's acceptance for the proposed assessment team and dates for assessment. The organisation 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 keeps the secretariat in loop for any communication with the organisation.** During on-site visit, the assessment team validate the scoring of self-assessment by reviewing documents, records, interaction with staff and patients. The assessment report contains the findings of the assessment. The non-compliances, if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the organisation. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and copies of non-conformities, if any, are provided to the organisation at the end of the assessment visit.

## 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. Based on the scoring, the organisation is awarded relevant level (Bronze, Silver, Gold, Platinum), however if there were non-compliances, the organisation continues working to address those non-compliances.

## 10.7 Issue of Certificate

When the scoring results in the grant of certification, QAI-CAHSC processes for issues of certificate after approval of the CEO. Certificate has a unique number, name of certification standard, level achieved, and dates of validity of certification. The certificate is valid for two years. The certificate is issued under the signatures of the CEO.

## 10.8 Maintaining Certification

The certified organisation at all times shall conform to the requirements of the standards as well as any other laid down requirements.

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## Terms and Conditions

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

### Adverse decision against the healthcare organisation

If the organisation at any point of time does not conform to 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 organisation like abeyance, denial of certification, suspension or forced withdrawal as per laid down policy.

## 10.9 Reassessment

The certified organisation is subjected to re-assessment every 2 years for renewal of certification. The organisation 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. Rest of the process is same as for initial on-site assessment.

## 10.10 Level Upgradation

Certified organisation which has achieved Bronze/Silver/Gold level can apply for upgradation to the next level after one year of certification by paying an application fee.

## 11) Assessment Criteria and Fee Structure

A uniform fee structure is maintained for all organisations and the charges are maintained at a reasonable level so that organisations are not denied participation in the 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 structure is given below:

Size of Hospital	Assessment Criteria	Certification Fee	
	Assessment/ Re-assessment	Application Fee (Rs.)	Annual 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

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**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: 416, Krishna Apra Plaza, Sector 18, Noida-201301, 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. : AADC13230L

GSTIN: 08AADC13230L1ZM

**QAI-CAHSC Publications**

All relevant publications are available on our website [www.qai.org.in](http://www.qai.org.in).

**Contact Address**

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