

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



Change Adapt Improve

**INFORMATION BROCHURE
FOR
ACCREDITATION FOR GREEN HOSPITALS**

Issue No. 01

Issue Date: July 2019

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| Centre for Accreditation of Health & Social Care | | |
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1. About

Quality and Accreditation Institute (QAI) was set up to create an ecosystem of education, training, quality improvement and accreditation.

We believe that it 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.

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

Membership

QAI became the institutional member of the International Society for Quality in Health Care (ISQua) (www.isqua.org). We aim to achieve ISQua accreditation to our standards and organisation as we move forward.



2. Benefits of Accreditation: To create climate smart and low carbon healthcare which offers the following benefits

- Health system design and models of care based on appropriate technology, coordinated care, emphasis on local providers, and driven by public health needs
- Building design and construction based on low carbon approaches
- Investment programs in renewable energy and energy efficiency
- Waste minimization and sustainable healthcare waste management
- Sustainable transport and water consumption policies
- Low-carbon procurement policies for pharmaceuticals, medical devices, food, and other products

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- Resilience strategies to withstand extreme weather events (World Bank 2017)

These low-carbon approaches also provide numerous co-benefits, these include:

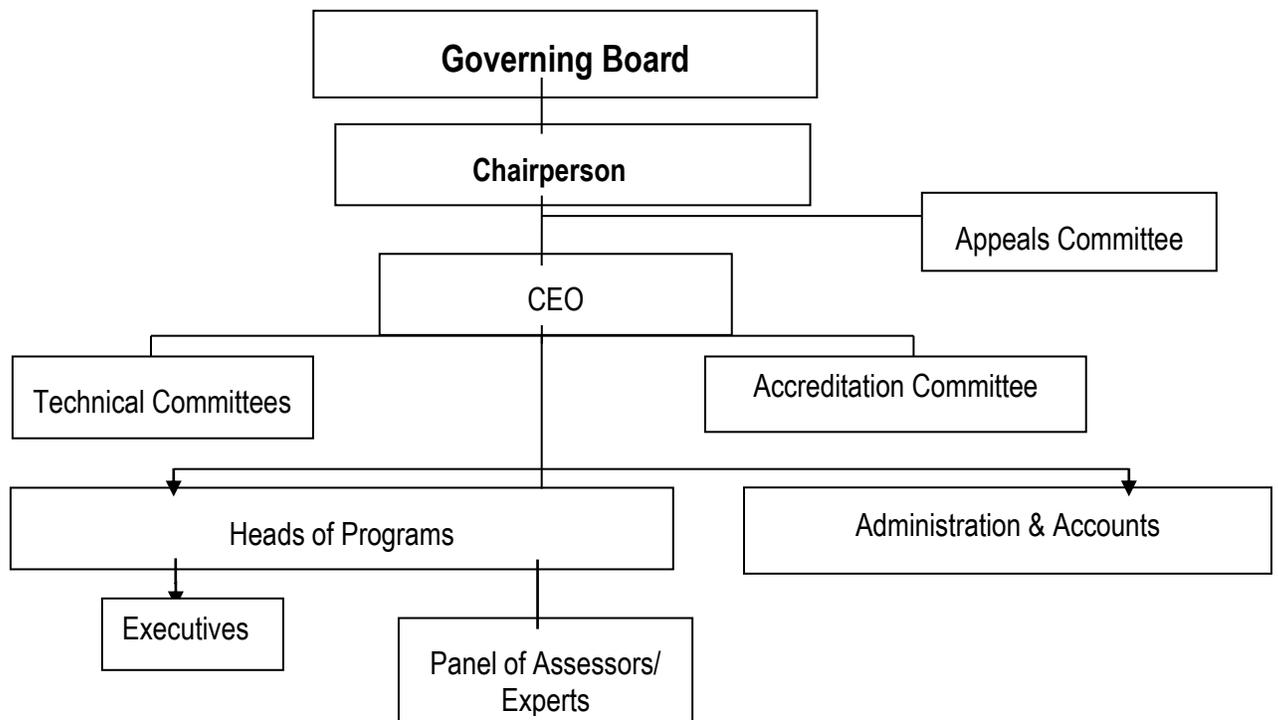
- Improved health status by reduction in environmental pollution and Climate change
- Improved health system efficiency and cost savings
- Decreased escalation of costs through molding technology and models of care to the environment and disease burden
- Stimulated and anchored local economies

3. QAI' Centre For Accreditation of Health and Social Care (CAHSC)

Organization Structure

The organization structure of QAI's CAHSC has been designed to meet the requirements of an effective and efficient accreditation system. The Centre is governed by a Board. The Board frames and approve policies and guidelines, and provide direction.

CAHSC operates its accreditation 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 accreditation criteria and subsequently empanelled as assessors/ lead assessors through defined contractual agreements. Membership of various committees is drawn from reputed organisations, experts in the field, experienced assessors, academic institutions, important professional bodies, regulatory agencies/ bodies etc.



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Programs on Offer

The following accreditation/certification programs are available:

- Assisted Reproductive Technology (ART) Centres
- Home care
- Dialysis Centres
- Certification of Healthcare Facilities
- Certification Program for WHO Patient Safety Friendly Hospital Standards (PSFHS)
- Accreditation Program for Green Hospitals

Accreditation Mark



4. Accreditation Standards Framework for Green Hospitals

| Sl. No. | Name of Chapter | No. of Standards | No. of Criteria |
|---------|-------------------------------------|------------------|-----------------|
| 1 | Governance and Leadership (GAL) | 3 | 7 |
| 2 | Site Selection (SS) | 5 | 15 |
| 3 | Indoor Air Quality (IAQ) | 4 | 14 |
| 4 | Energy and Ambience (EA) | 4 | 18 |
| 5 | Water Use (WU) | 5 | 21 |
| 6 | Bio-Medical Waste Management (BMWM) | 4 | 22 |

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| 7 | Green Housekeeping (GHK) | 6 | 21 |
| 8 | Procurement of Materials and Resources (PMR) | 2 | 9 |
| | Total | 33 | 127 |

5. Eligibility and Preparation for Accreditation

5.1 Eligibility for Accreditation

The applicant organisation is advised to implement standards for at least two months before applying for Accreditation.

5.2 Preparing for Accreditation

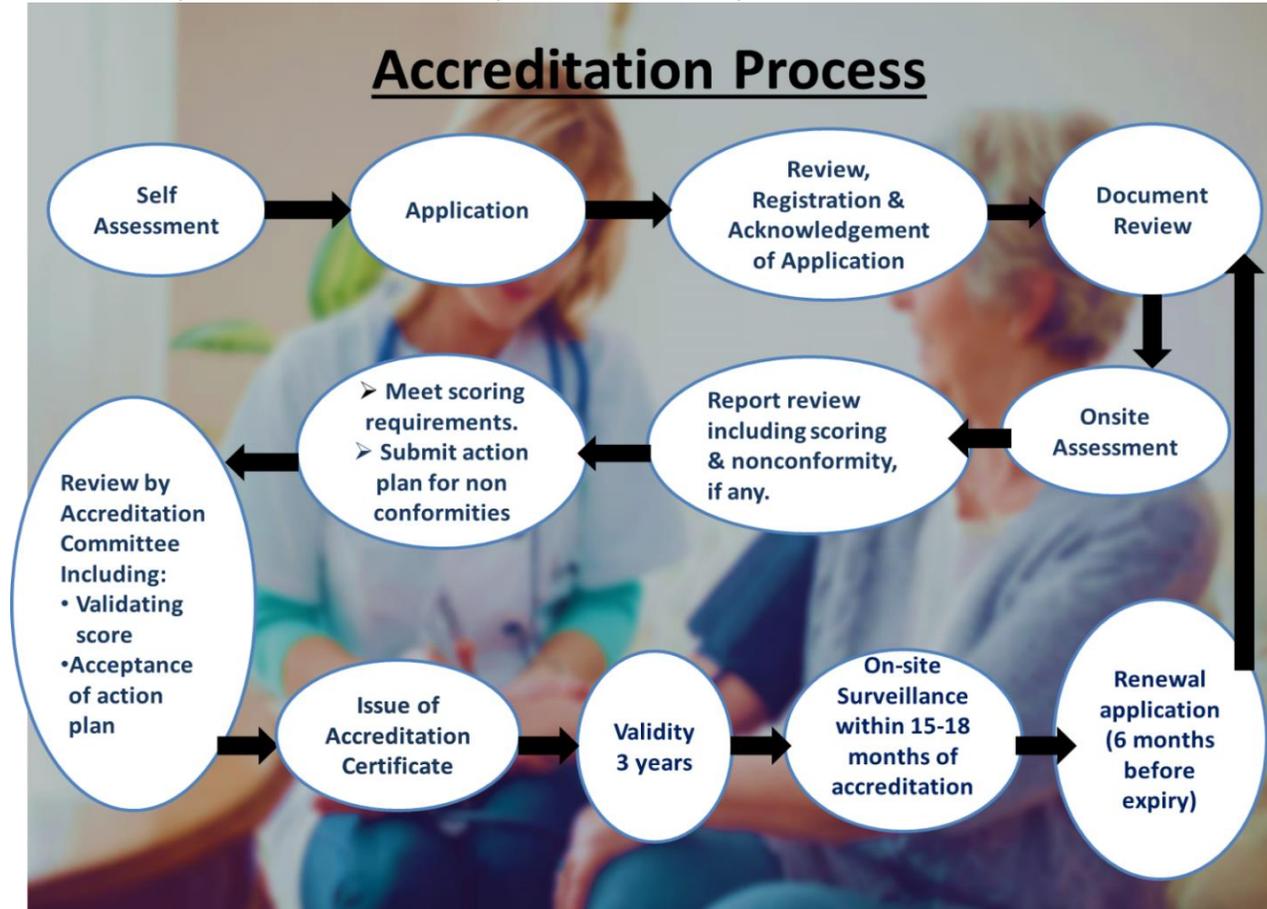
Management of the organisation shall first decide about getting Accreditation from QAI. It is important for the organisation to make a definite plan of action for obtaining accreditation and nominate a person to co-ordinate all activities related to seeking accreditation. An official nominated should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

Organisation must procure a copy of the relevant QAI Accreditation standards. A self-assessment tool kit shall also be provided to organisations requesting a copy of Accreditation standards. The organisation looking for Accreditation shall understand the QAI assessment process. The organisation shall ensure that all the requirements of the standard are implemented. The Organisation may get its personnel trained in understanding and implementation of Accreditation standards. Such training programs are conducted by QAI from time to time.

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6. Accreditation Process

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



6.1 Self-Assessment

Organisation first carry out self-assessment using tool kit which is based on the requirements of the accreditation 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.

6.2 Application

Applicant Organisation is requested to submit the following:

- Three copies of completed application forms (available on website)
- Self-assessment tool kit along with referenced documents (**soft copy**)
- Prescribed application fees
- Signed copy of QAI-CAHSC 003 'Terms and Conditions for Obtaining and Maintaining Accreditation'

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6.3 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.

6.4 Final on-site Assessment

CAHSC constitutes an assessment team. The team includes the lead assessor, the technical assessor(s)/ expert(s) in order to cover the scope of accreditation sought. 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 noncompliance, 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.

6.5 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 organisation meets the scoring for accreditation, however there are non-compliances, the organisation is asked to submit an action plan having details of addressing those non-compliances and time frame. The organisation shall get a time period of 15 days to provide an Action Plan. Once action plan is 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 organisation as per laid down appeal process.

6.6 Issue of Accreditation Certificate

When the recommendation of the accreditation committee results in the grant of accreditation, QAI-CAHSC processes for issues an accreditation certificate after approval of the CEO. Certificate has a unique number, name of accreditation standard, date of validity along with the scope of accreditation. The accreditation certificate is valid for three years. The certificate is issued under the signatures of the CEO and the Chair, CAHSC.

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6.7 Maintaining Accreditation

Conformance to applicable standards and other requirements

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

Terms and Conditions

The accredited organisation is required to comply at all times with the terms and conditions given in CAHSC 003 'Terms & Conditions for Obtaining and Maintaining Accreditation'. The Organisation is required to submit a signed copy of the same before issue of the accreditation 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, scope reduction, denial of accreditation, suspension or forced withdrawal as per laid down policy.

6.8 Surveillance

The accreditation certificate is valid for a period of three years. CAHSC shall conduct surveillance 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.

6.9 Reassessment

The accredited organisation is subjected to re-assessment every 3 years for renewal of accreditation. The organisation 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. Rest of the process is same as for initial on-site assessment.

7. 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 Accreditation process because of unreasonable financial conditions. The fee structure is kept simple and economical to facilitate maximum number of participation, less invoices and bank transactions. The information about the fee structure is given below:

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| Size of Hospital | Assessment Criteria | | Accreditation Fee | |
|--------------------|--|--|-----------------------|------------------|
| | Assessment | Surveillance | Application Fee (Rs.) | Annual Fee (Rs.) |
| Up to 50 beds | Two man days (1x2) | One man day (1x1) | 10000 | 25000 |
| 51-250 beds | Two man days (1x2)/ Four man days (2x2) | One man day (1x1)/ Two man days (2x1) | 20000 | 50000 |
| 251-500 beds | Four man days (2x2)/ Six man days (2x3) | Two man days (2x1)/ Four man days (2x2) | 30000 | 75000 |
| More than 500 beds | Six man days (2x3)/ Six man days (3x2) | Four man days (2x2)/ Six man days (2x3) | 40000 | 100000 |

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

In addition to the above-mentioned fee, GST@18.0 % or as applicable from time to time to be paid.

Assessment Charges: In addition to the above fee, laboratory shall bear the cost of following:

- Travel of the assessment team
- Boarding & Lodging

Guidelines for Travel, Boarding and Lodging:

- Travel to be made by Air in economy class (Apex fare) or by train in 2nd AC class or by AC Bus.
- The organisation will provide the tickets for travel as per above guidelines. If the journey is made by own car, the re-imburement will be as per company's rules or restricted to 2nd AC class fare by train.
- The organisation shall also make arrangements for boarding & 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 Organisation site 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.

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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.: AADCI3230L

GSTIN: 08AADCI3230L1ZM

8. QAI-CAHSC Publications

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

Contact Address

Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care

416, Krishna Apra Plaza, Sector 18

Noida-201301, U.P., India

Tel.: +91-120 4113234

Email: info@qai.org.in Website: www.qai.org.in

Twitter@QAI2017

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