



Change Adapt Improve

Quality and Accreditation Institute

Centre for Accreditation of Health and Social Care

GUIDELINES FOR CLOSURE OF PARTIAL COMPLIANCE/ NON-COMPLIANCE



FIRST EDITION

JULY 2024

These guidelines are developed to support applicant/ accredited Health Care Facilities (HCFs) in closing/ addressing the partial compliance/ non-compliance observed during assessments. All applicant/ accredited HCFs are encouraged to use these guidelines to understand how they can effectively close/ address any partial compliance or a non-compliance.

QAI assessors of various accreditation programmes under the Centre for Accreditation of Health & Social Care (CAHSC) are also encouraged to adhere to these guidelines.



1. An accreditation assessment assesses conformance to accreditation standards and related requirements. Typically, partial compliance/ non-compliance (PC/NC) are observed during an assessment and the Healthcare Facility (HCF) is required to address those PCs/NCs in order to be eligible to get accredited. The expectation is that the HCF will be able to demonstrate compliance to the requirement of those standards / criteria which could not be demonstrated during the assessment.
2. As such HCFs are entrusted with the responsibility of promptly addressing these PCs/ NCs with thorough responses supported by appropriate evidence. Recognising the diverse nature of PCs/ NCs, they can be categorized based on severity, urgency, and impact on patient care.

Therefore, a structured approach to the closure of PC/NC is imperative which is tailored to the specific category of each PC/NC. HCFs are encouraged to use the following approach to address the PC/NC and submit evidence to QAI accordingly.

A. Infrastructural related PC/NC:

- i. Plan outlining steps to rectify infrastructure issues.
- ii. Documentation of correction, repair, upgrade, or improvement in the form of pictures/ videos.
- iii. Certain instances may require 'before' and 'after' pictures/ videos.

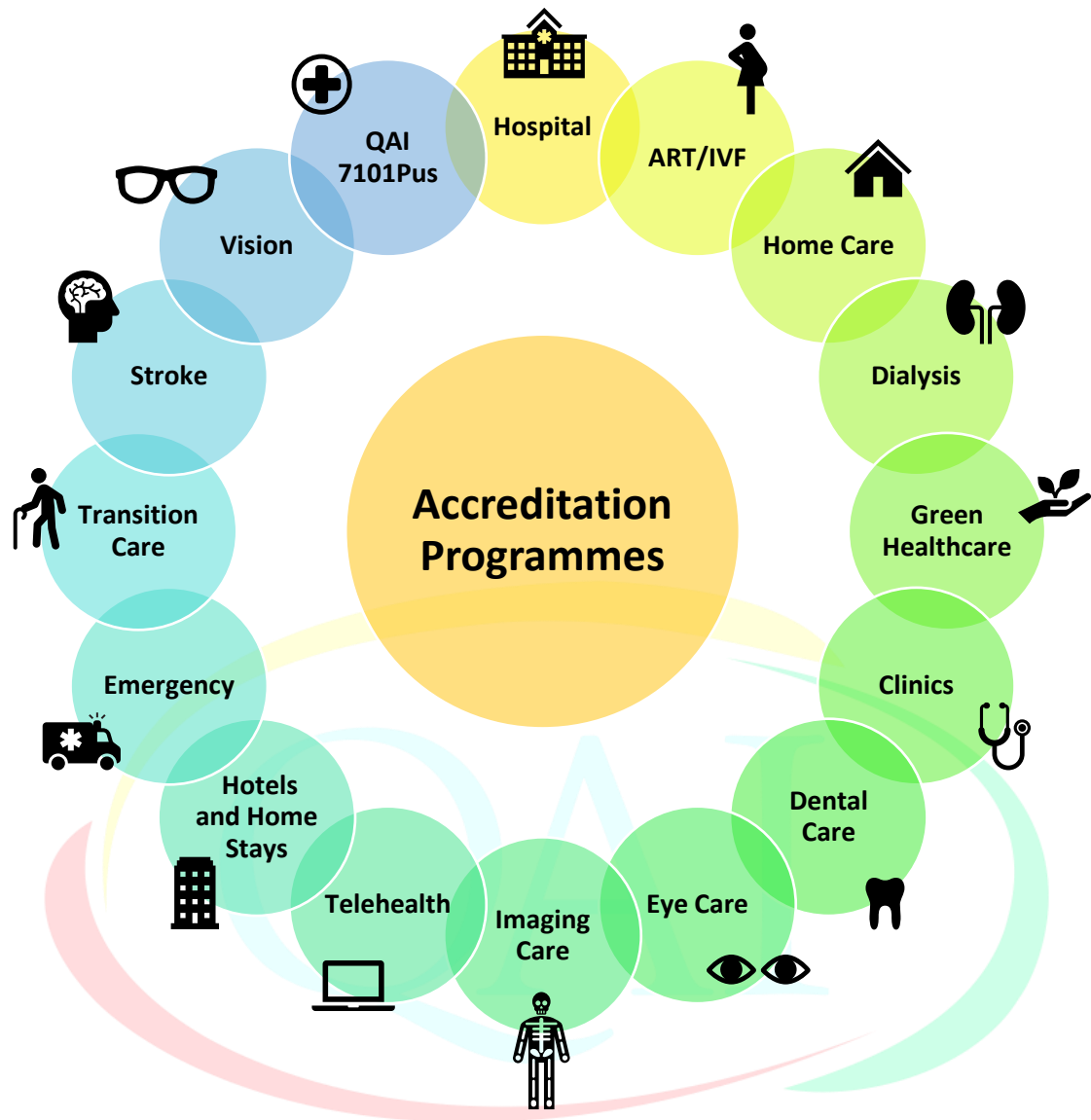
B. Documentation and record-keeping related PC/NC:

- i. Review report identifying areas for improvement in documentation processes.
- ii. Records of changes implemented to ensure accurate and complete documentation.
- iii. If training is necessary, the training records indicating staff trained on documentation procedures.
- iv. Updating of document control.

C. Training and Evaluation related PC/NC:

- i. Required training to be conducted
- ii. Attendance records for each training session
- iii. Training content outline
- iv. Evidence of training conducted such as photographs or videos with date, time, and location.
- v. Post-training evaluation reports indicating effectiveness of training.

- D. Submitting comprehensive evidence and documentation for each PC/ NC closure demonstrate that the requirement of accreditation standard/ criteria is adequately met. This will help QAI assessors to review submitted action taken along with evidence to close the PC/NC effectively.**



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