

QAI/CAHSC/Notification/2025/02

28 August 2025

PUBLIC NOTICE FOR COMMENTS ON DRAFT 1st EDITION
QAI CERTIFICATION STANDARDS FOR
PERFORMANCE EXCELLENCE PROGRAMME IN HEALTHCARE

QAI CAHSC 's Technical Committee has drafted the certification standards for **Performance Excellence Programme in Healthcare**.

These standards were developed in response to the need felt by the developers of Performance Excellence Programmes.

The 1st edition draft Standards are now being subjected to a wide consultation process of all our stakeholders, including experts and client organisations by hosting on our website www.qai.org.in and disseminating through emails and social media. You all are also requested to widely disseminate this information amongst your peers and groups.


We kindly request you to please provide your valuable comments/ feedback to us on these standards in the following format:

Sl. No.	Page No.	Standard/ Criterion Number	Comments

Please send your comments/ feedback to chandni@qai.org.in latest by **10 September 2025**.

On behalf of the Board of QAI's Centre for Accreditation of Health & Social Care (CAHSC), I would like to thank you all in advance for your support.

With regards,



(Dr. B.K. Rana)
CEO

Quality & Accreditation Institute

Centre for Accreditation of Health & Social Care



Certification Standards for Performance Excellence Programme in Healthcare

Final Draft
For Stakeholder Consultation
28 August 2025

I Introduction

These standards are meant for the evaluation of a performance excellence programme of a healthcare organisation. Such programmes are usually designed and delivered by the organisations themselves. Therefore, it was felt by such organisations to have an external evaluation system to evaluate such programme to help improve.

Through a structured framework of performance benchmarking, continuous quality improvement, and leadership development, this programme fosters a culture of excellence that places patients at the heart of every decision. The programme integrates defined practices, parameters, and performance analytics to drive measurable improvements in patient outcomes, satisfaction, and safety.

Irrespective of the role one plays whether a hospital administrator, clinical leader, or frontline caregiver, this programme offers the tools, insights, and support to transform care delivery into a model of excellence. Together, we aim to redefine what it means to care—with precision, empathy, and unwavering commitment to quality.

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Chapter 1

Governance and Leadership (GAL)

STANDARDS AND CRITERIA		
Standard	GAL.1:	The management of the organisation is committed to performance excellence in service delivery.
Criterion	a.	The management documents its commitment towards performance excellence in service delivery. This may be through documented vision statement or objectives or strategic plan.
	b.	Expectations of management to create and maintain a culture of performance excellence is documented.
Standard	GAL.2:	The management is accountable for the performance excellence in care delivered.
Criterion	a.	There is a documented and dated structure of the team involved in such activities.
	b.	The management ensures effective internal structures and resources are in place to support the smooth functioning of the programme.
Standard	GAL.3:	The management is aware of the performance indicators achieved.
Criterion	a.	The management receives reports on performance indicators.
	b.	The management acts on the reports to make improvement.

Chapter 2

Human Resource Management (HRM)

STANDARDS AND CRITERIA		
Standard	HRM.1:	The organisation has adequate and appropriate human resources.
Criterion	a.	The organisation has suitably qualified and trained adequate manpower to deliver the programme.
	b.	The organisation has a documented job description for all its staff involved in the delivery of the programme.
Standard	HRM.2:	The organisation has a continuous professional development programme for its staff.
Criterion	a.	Staff is provided required training as and when required.
	b.	Staff are trained on structure and operation of the programme to deliver it appropriately.
Standard	HRM.3:	The organisation documents an organogram for the people involved in the operation of the programme.
Criterion	a.	The documented organogram identifies individuals with their roles.
	b.	There is a designated individual responsible for the overall operations and monitoring of the programme.
Standard	HRM.4:	The organisation orients professionals (allied and healthcare) involved in delivery of clinical care covered in the programme.
Criterion	a.	The organisation identifies professionals those are involved in the delivery of clinical care.
	b.	The organisation provide orientation to all those identified professionals about the performance excellence programme.

Chapter 3

Programme Design and Management (PDM)

STANDARDS AND CRITERIA		
Standard	PDM.1:	The organisation designs its programme as per the defined need.
Criterion	a.	The management defines its needs for performance excellence programme.
	b.	The management ensures the availability of adequate infrastructure to provide the defined programme.
Standard	PDM.2:	The organisation documents its methodology to develop the programme.
Criterion	a.	The organisation document how the programme is developed.
	b.	The organisation implements the programme in consistent manner.
	c.	The organisation defines the objective(s) of the programme.
Standard	PDM.3:	The organisation documents its methodology to manage the programme.
Criterion	a.	The organisation document how the programme is managed.
	b.	The organisation identifies the people to manage the programme.
	c.	The organisation defines the use of the programme.
Standard	PDM.4:	The management of the organisation is regularly updated about the programme.
Criterion	a.	The management periodically receives reports about the programme.
	b.	Feedback of the management is taken into consideration for the further development and improvement of the programme.

Chapter 4

Information Management System (IMS)

STANDARDS AND CRITERIA		
Standard	IMS.1:	The organisation implements a system of managing data and information gathered for the programme.
Criterion	a.	There is a procedure for managing data and information which include but not limited to collection, storage, retrieval, dissemination, and disposal.
	b.	There are standardised formats for data and information collection.
	c.	Information and data are collected using these formats.
	d.	There is a process for analysis of the collected data.
	e.	There is a procedure for verification and validation of the data collected.
Standard	IMS.2:	The organisation has documented policy and procedure for maintaining confidentiality, integrity and security of data and information.
Criterion	a.	Documented policy and procedure exist for maintaining confidentiality, security and integrity of data and information in accordance with the applicable laws.
	b.	Data and information related to patients is safeguarded to ensure confidentiality, security.
Standard	IMS.3:	There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.
Criterion	a.	Documented policy and procedure are in place on retaining the programme's records, data and information.
	b.	The destruction of records (both paper and electronic), data and information is done in accordance with the laid-down policy.

Chapter 5

Continual Quality Improvement (CQI)

STANDARDS AND CRITERIA		
Standard	CQI.1:	The organisation uses a defined evaluation process for the evaluation of the programme.
Criterion	a.	The organisation defines the evaluation process.
	b.	People involved in the programme evaluation are trained on the programme.
	c.	The evaluation process includes how the outcome of evaluation will be used.
Standard	CQI.2:	There is a documented process for the periodic review of the programme.
Criterion	a.	The programme is reviewed and updated at least once in a year.
	b.	Results of the review are documented and opportunities for improvement are identified and acted upon.
Standard	CQI.3:	The organisation disseminates and uses the data.
Criterion	a.	There is a documented process for the dissemination of the results of the analysed data.
	b.	There is a documented process for the use of the results of the analysed data.
	c.	There is a documented process for handling/managing the outlier performer (e.g. critical feedback to the concerned person, counselling, etc.).
Standard	CQI.4:	The organisation defines and monitors performance indicators for the professionals involved in the programme.
Criterion	a.	The organisation defines and measures the performance indicators.
	b.	Performance indicators suggested may include but not limited to: <ul style="list-style-type: none"> clinical knowledge, attitude, practice, soft skills, patient handling, skill-based activities (clinical procedures), appropriate documentation (Electronic Medical Records), customer satisfaction clinical improvement
	c.	Results from the monitoring of the defined indicators are used to make improvement.
	d.	The organisation carries out root cause analysis for the gaps identified and appropriate corrective and preventive actions are taken.
	e.	There is a process for providing commendation to professionals involved in the programme those exceed the expectations.

Standard	CQI.5:	The organisation defines and monitors performance indicators for the programme.
Criterion	a.	The organisation defines and measures the performance indicators for the programme.
	b.	Performance indicators for the programme suggested may include but not limited to: <ul style="list-style-type: none"> • fulfilment of the objectives, • adequacy of the use of the programme, • professional development of staff, • operational efficiency of the organisation, • staff retention, • patient safety, • quality of care, and • clinical governance
	c.	The programme requires integration of processes and operations for standardisation across the organization to achieve key organisation-wide goals.
Standard	CQI.6:	There is a system of on-going learning and innovation.
Criterion	a.	The programme requires engaging in quality improvement projects.
	b.	The programme requires participation in educational and research activities.
	c.	The programme requires integration of processes and operations for standardisation across the organization to achieve key organisation-wide goals.

Draft for Stakeholders Consultation

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Centre for Accreditation of Health & Social Care