

Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care



Change Adapt Improve

GENERAL INFORMATION BROCHURE

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1. About Quality and Accreditation Institute (QAI)

Quality and Accreditation Institute (QAI) is an **International Accreditation Body** that provides accreditation/ certification, education, training and quality improvement activities to various types of organisations.

QAI provides a platform to stakeholders including professionals and organisations, associated with quality in any way, to share their wisdom and knowledge. QAI is closely working with stakeholders including government agencies to support accredited facilities in terms of empanelment and other benefits.

QAI accredits healthcare organisations under the vertical- Centre for Accreditation of Health and Social Care (CAHSC).

2. QAI's Centre for Accreditation of Health & Social Care (QAI CAHSC)

QAI accredits healthcare organisations/ facilities under CAHSC. QAI CAHSC is emerging as a **specialised healthcare accreditation body** due to its unique accreditation programmes.

Quality Policy

QAI-CAHSC is committed to implement a robust quality system and provide services that exceed customer requirements.

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 programmes 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

Scope (Objectives)

- Accreditation/ certification of health and social care facilities
- Promoting a culture of quality and patient safety through information and communication
- Delivering education and training programmes in accreditation, quality & patient safety
- Capacity building of health and social care facilities in our core and related areas
- Developing a pool of skilled human resources in healthcare quality

3. Benefits of Accreditation

For Patients

- In an accredited/certified health care facility (HCF), patient receives higher quality of care
- Safety of patient is given a priority
- Patients receive services by credentialed medical and nursing staff
- Rights of patients are respected and protected
- Patient satisfaction is regularly evaluated which provides an opportunity to patients to express about their experience
- Patients get an opportunity to be part of their own care

For Hospitals

- Accreditation/Certification enables the HCF in demonstrating commitment to deliver quality and safe patient care.
- Accreditation/Certification assures community about the quality of services and better health outcomes.
- Accreditation/Certification helps demonstrating that HCF functions in transparent and ethical manner.
- It also acts as a potential mechanism of risk management to safeguard provider from potential legal liability.
- It is a process to stimulate continual improvement.
- Act as a mechanism of self-regulation.
- It may provide opportunity for benchmarking by comparing their outcomes with other accredited/certified HCFs.

For Staff of Healthcare Facility

- Accreditation/Certification process provides opportunity to staff at all levels for their professional development
- It may help in building higher staff satisfaction because of good working environment, leadership opportunities and ownership of processes
- Being robust documentation and procedures in place, it also supports staff in building their confidence to deliver proper care

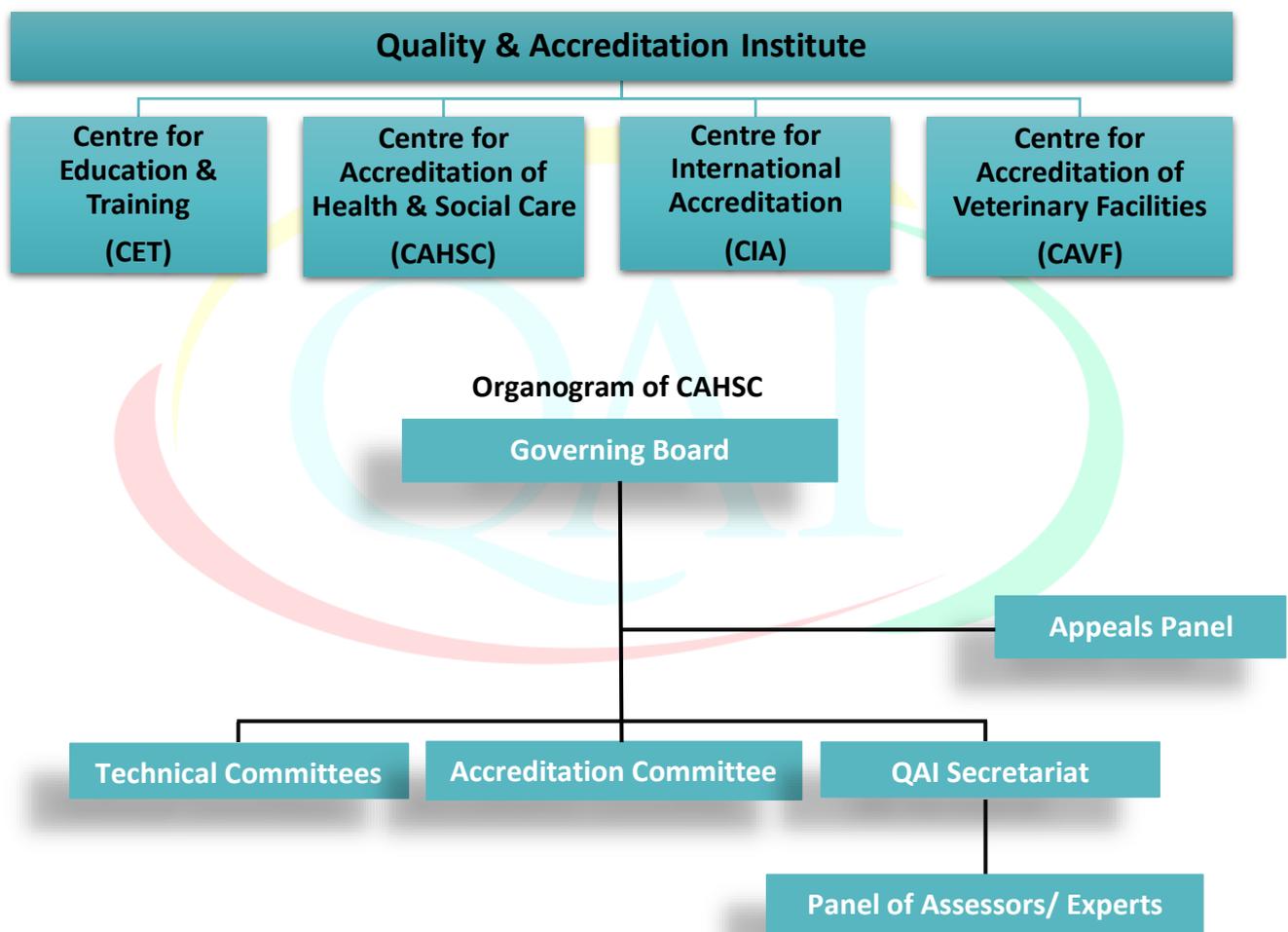
For Third Parties

- Accreditation/Certification provides an objective system of evaluation and empanelment by third parties like insurance companies, other payers, government etc.
- Accreditation/Certification helps in access to reliable and documented information on facilities, infrastructure, services and level of care.

4. Organisation Structure

The organisation structure of QAI's Centre for Accreditation of Health and Social Care is 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 provide direction. CEO is the Member Secretary of the Board.

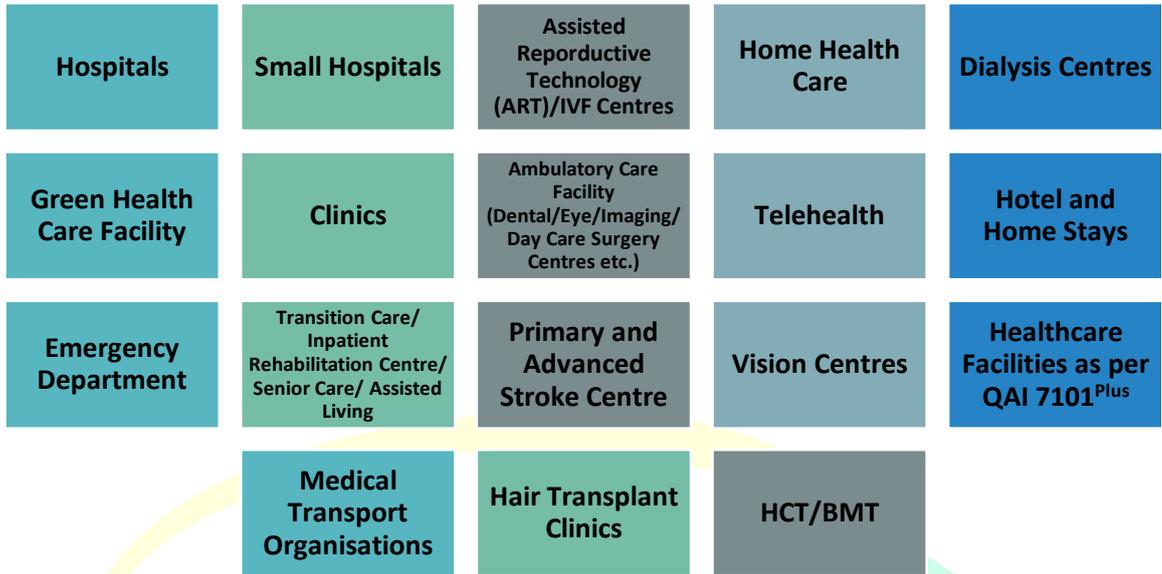
CAHSC operates its accreditation/certification process through a structured framework of competent staff, pool of empanelled Lead Assessors and Assessors covering specified expertise, technical committees and accreditation committee. Membership of various committees is drawn from reputed organisations, experts in the field, experienced assessors, academic institutions, important professional bodies, regulatory agencies/ bodies etc.



5. Accreditation Programmes

Currently, following accreditation/ certification programmes are operational:

Accreditation Programmes



Certification Programmes:



Recognition Programme:



6. International Affiliations and Recognitions

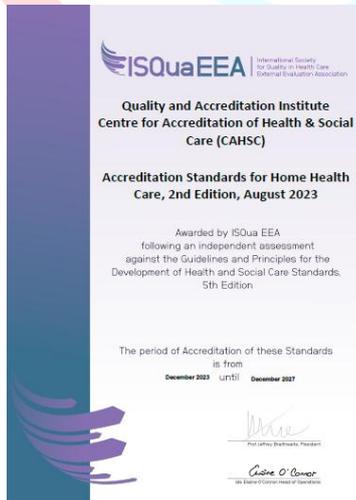
QAI is an institutional member of the International Society for Quality in Health Care (ISQua) (www.isqua.org).

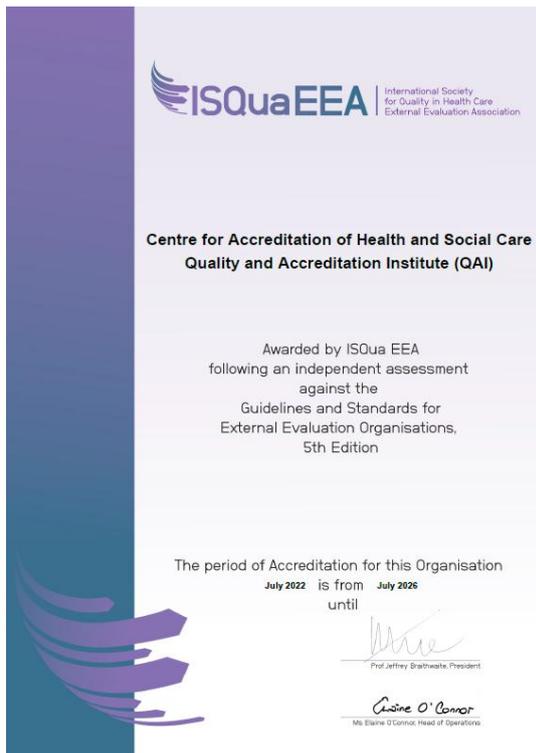


QAI is a Member of the International Society for Telemedicine and eHealth (ISfTeH) (2022-2024) (www.isfteh.org).



QAI becomes the first accreditation body in India to achieve ISQuaEEA Accreditation in less than five years of operations. QAI is the ONLY accreditation body in India having ISQuaEEA Accreditation as an Organisation and for Two Sets of Standards.





QAI Accreditation is recognised by the Ministry of Health's Central Government Health Scheme (CGHS) for empanelment of Private Hospitals, Eye Centres, Dental Centres & Imaging Centres.

7. Special Features of Accreditation/Certification Programme

- Comprehensive Assessment Management System to allow quick turnaround time for the accreditation/ certification process as each step is linked to a defined period.
- Endorsement of a documented quality and improvement programme as per the intent of the standard.
- Based on comprehensive self-assessment and document review process providing opportunity to facility for a thorough review of their own documentation and implementation of requirements of standards.
- Rigorous Assessor Management System including a transparent monitoring and evaluation process.
- 'Client First' approach
- Harmonising local, national, regional and global framework
- Blend of global strategy, experience and leadership
- Economic yet global benchmarking

8. Eligibility and Preparation for Accreditation/ Certification

8.1 Eligibility for Accreditation/ Certification

The applicant HCF must check whether they are eligible to apply by looking at their size and scope of services. The applicant should have implemented standards for at least two months before applying for accreditation/certification to have sufficient data and records to verify during the assessment.

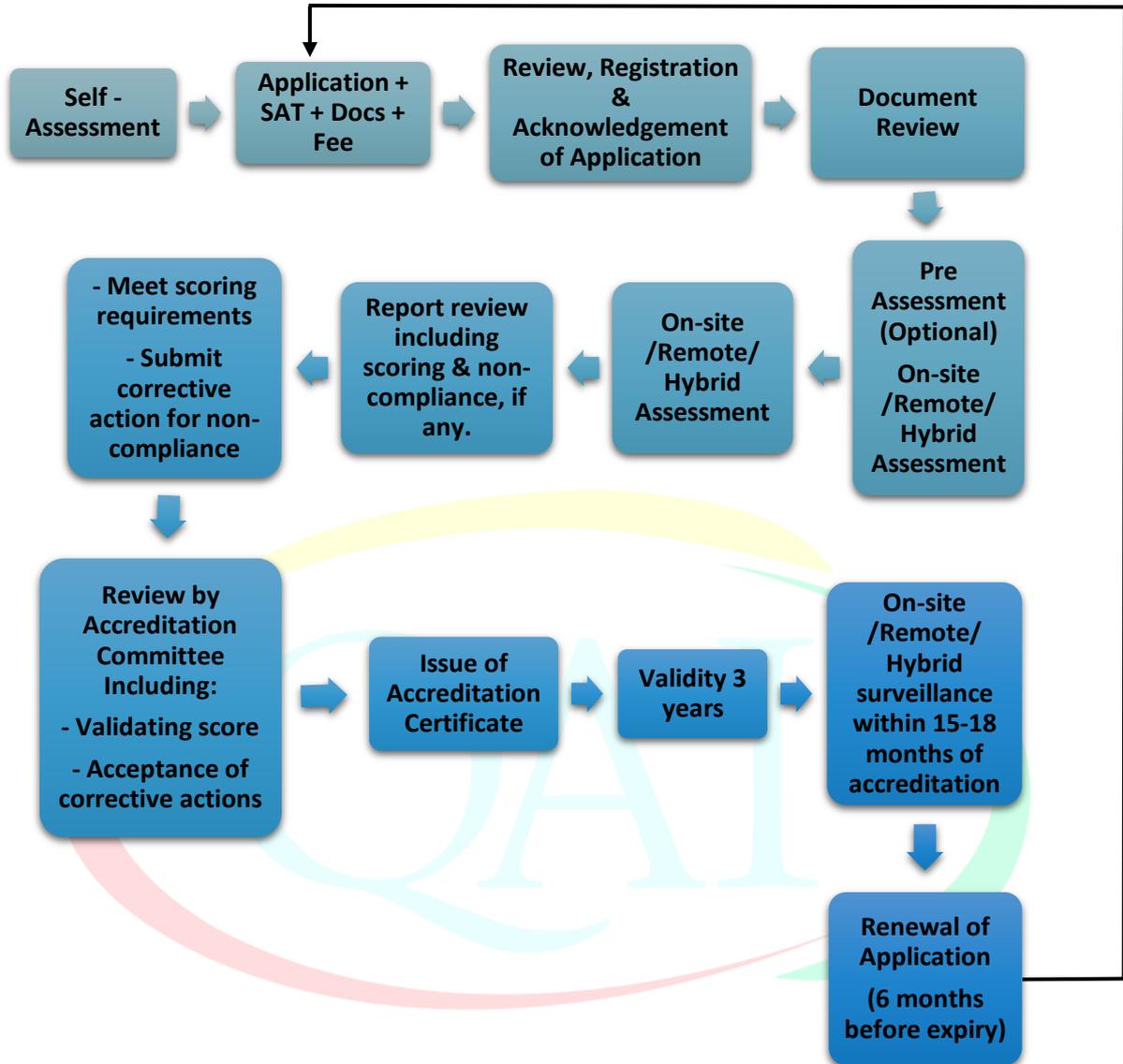
8.2 Preparing for Accreditation/ Certification

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

HCF must procure a copy of the relevant QAI accreditation/ certification standards. A self-assessment tool kit can also be requested from the Secretariat. The HCF seeking accreditation/ certification shall understand the QAI assessment process. The HCF shall ensure that all the requirements of the standard are implemented. The HCF may get its personnel trained in understanding and implementation of accreditation/ certification standards. Such training programmes are conducted by QAI from time to time.

9. Accreditation Process

Accreditation process is shown below:



9.1 Self-Assessment

HCF first carries out self-assessment using self-assessment tool which is based on the requirements of the accreditation standards. It gives an opportunity to the HCF to examine all its documentation and their implementation. It will also give a comprehensive view of its documentation to the Assessment Team. A self-assessment tool can be requested from the Secretariat.

9.2 Application

Applicant is requested to submit the following:

- Soft copy of completed application form (available on website)
- Soft copy of Self-assessment tool along with referenced documents
- Prescribed application fees
- Soft copy of signed QAI-CAHSC 003 'Terms and Conditions for Obtaining and Maintaining Accreditation/ Certification' (available on website)

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

9.4 Document Review

Secretariat appoints an assessment team and share application form, self-assessment tool and any other relevant document provided by the Facility. CAHSC seeks facility's acceptance for the proposed assessment team. The facility 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 carry out document review by going through the application form, self-assessment tool and referenced documents, and provide feedback to the Secretariat. This feedback is shared with the facility for taking necessary corrective actions.

9.5 Pre-Assessment (Optional):

QAI has introduced an optional system of pre-assessment. Those HCFs shall inform QAI while applying in case they wish to undergo pre-assessment. HCFs not interested to undergo the pre-assessment can directly move to the final assessment. Appointed assessor or assessment team shall conduct the pre-assessment (remote/ hybrid/ on-site). Lead assessor shall submit the pre-assessment report to QAI. The HCF shall take corrective actions on the non-conformities raised by the lead assessor/ assessment team. The HCF shall be required to pay the applicable pre-assessment fee.

9.6 Final Assessment

Appointed assessment team conducts the final assessment (remote/ hybrid/ on-site). CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. The assessment team keeps the secretariat in loop for any communication with the facility. During assessment, the assessment team validate the scoring of self-assessment by reviewing documents, records, observation, interaction with staff and patients. The assessment report containing the findings of the assessment is prepared by the team. The non-compliances (a criterion receiving a score of 0 & 5), if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the facility. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and non-compliances, if any, are provided to the facility at the end of the assessment.

9.7 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 HCF meets the scoring for accreditation, however there are non-compliances, the HCF is asked to submit corrective actions against those non-compliances. The HCF shall get a time period of 90 days to submit all the corrective actions to QAI Secretariat. The corrective actions shall be reviewed by the respective Lead assessor/ assessor for the acceptance.

Once corrective actions are 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 HCF as per laid down appeal process.

9.8 Issue of Accreditation Certificate

If the recommendation of the accreditation committee results in the grant of accreditation, QAI-Secretariat processes for approval and issue of the accreditation certificate. Certificate has a unique number, name of accreditation standard, and period of accreditation i.e., dates of validity. The accreditation certificate is valid for three years. The certificate is issued under the signatures of the CEO and the Chair, CAHSC.

Accreditation Mark

Accredited HCF is authorised to use following accreditation mark subject to requirements specified in QAI CAHSC 019-Policy and guidelines for use of QAI accreditation/ certification mark.



PROGRAMME NAME
Example: HOME HEALTH CARE

9.9 Maintaining Accreditation

Compliance to applicable standards and other requirements

The accredited HCF shall comply with the requirements of the standards as well as any other laid down requirements at all times.

Terms and Conditions

The accredited HCF is required to comply at all times with the terms and conditions given in CAHSC 003 'Terms & Conditions for Obtaining and Maintaining Accreditation/ Certification'. The HCF is required to submit a signed copy of the same before issue of the accreditation certificate.

Adverse decision against the Healthcare Facility

If the HCF at any point of time found not complying with the applicable standards and/ or does not adhere to the terms and conditions; or is not able to align itself to the modified criteria, CAHSC may take adverse decision against the HCF like abeyance, denial of accreditation, suspension or forced withdrawal as per laid down policy.

9.10 Surveillance

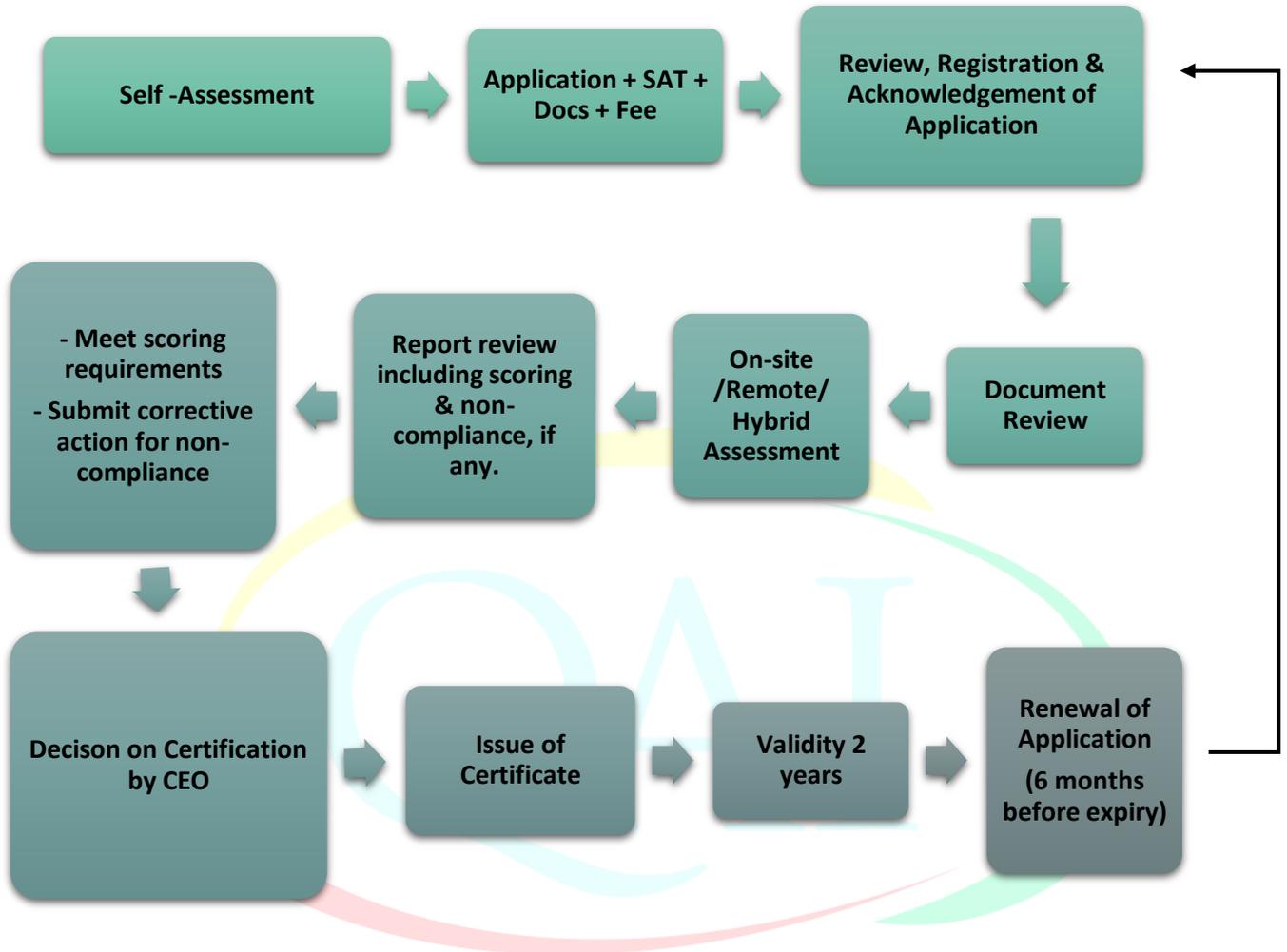
The accreditation certificate is valid for a period of three years. CAHSC shall conduct surveillance (Remote/ Hybrid/ On-site/ Desktop) within 15-18 months of accreditation. It is aimed at evaluating continued compliance with the applicable standards and other requirements stipulated from time to time. In addition to the regular surveillance, a surprise assessment may also be conducted to check compliance to the accreditation requirements.

9.11 Reassessment

The accredited HCF is subjected to re-assessment every three years for renewal of accreditation. The HCF must 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 with required documents as mentioned in the application form. Rest of the process is same as for initial assessment.

10. Certification Process

Certification process is shown below:



10.1 Self-Assessment

Hospital first carries out self-assessment using self-assessment tool which is based on the requirements of the Certification standards. It gives an opportunity to the hospital to examine all its documentation and their implementation. It will also give a comprehensive view of its documentation to the Assessment Team. A self-assessment tool can be requested from the Secretariat.

10.2 Application

Applicant is requested to submit the following:

- Soft copy of completed application form (available on website)
- Soft copy of Self-assessment tool along with referenced documents
- Prescribed application fees
- Soft copy of signed QAI-CAHSC 003 'Terms and Conditions for Obtaining and Maintaining Accreditation/ Certification' (available on website)

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

10.4 Document Review

Secretariat appoints an assessment team and share application form, self-assessment tool and any other relevant document provided by the hospital. CAHSC seeks hospital's acceptance for the proposed assessment team. The hospital 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 carry out document review by going through the application form, self-assessment tool and referenced documents, and provide feedback to the Secretariat. This feedback is shared with the hospital for taking necessary corrective actions.

10.5 Assessment

Appointed assessment team conducts the assessment (remote/ hybrid/ on-site). CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. The assessment team keeps the secretariat in loop for any communication with the hospital. During assessment, the assessment team validate the scoring of self-assessment by reviewing documents, records, observation, interaction with staff and patients. The assessment report containing the findings of the assessment is prepared by the team. The non-compliances (a criterion receiving a score of 0 & 5), if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the hospital. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and non-compliances, if any, are provided to the hospital at the end of the assessment.

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. However, if there were non-compliances, the Hospital continues working to address those non-compliances within the time period of 60 days.

10.7 Issue of Certificate

Based on the scoring, QAI-Secretariat processes for issue of certificate after approval of the CEO. Certificate has a unique number, name of certification standard, and period of certification i.e., dates of validity. The certificate is valid for two years. The certificate is issued under the signatures of the CEO.

Certification Mark

Certified Hospital is authorised to use following certification mark subject to requirements specified in QAI CAHSC 019-Policy and guidelines for use of QAI certification mark.



10.8 Maintaining Certification

Compliance to applicable standards and other requirements

The certified Hospital at all times shall comply with the requirements of the standards as well as any other laid down requirements.

Terms and Conditions

The certified Hospital is required to comply at all times with the terms and conditions given in CAHSC 003 'Terms & Conditions for Obtaining and Maintaining Accreditation/Certification'. The Hospital is required to submit a signed soft copy of the same before issue of the certificate.

Adverse Decision against the Healthcare Facility

If the Hospital at any point of time does not comply with 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 hospital like abeyance, denial of certification, suspension or forced withdrawal as per laid down policy.

10.9 Reassessment

The Certified Hospital is subjected to re-assessment every 2 years for renewal of certification. The Hospital 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 along with required documents as mentioned in the application form. Rest of the process is same as for initial assessment.

Applicant HCF is requested to submit the application to info@qai.org.in



11. Assessment Criteria and Fee Structure

A uniform fee structure is maintained for all facilities and the charges are maintained at a reasonable level so that HCFs are not denied participation in the Accreditation/ 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.

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: A-34, Sector 48, Noida-201304, 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: 09AADCI3230L1ZK

UDYAM Registration Number: UDYAM-UP-28-0035644

Note: Any bank charges for transfer of fee are to be paid by the sender.

12. QAI-CAHSC Publications

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



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

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