# Quality and Accreditation Institute

## Centre for Accreditation of Health & Social Care

*Change Adapt Improve*

# INFORMATION BROCHURE
# FOR
# ACCREDITATION OF HOSPITALS

QAI CAHSC 1101

Issue No. 06 | Issue Date: August 2026

# CONTENTS


| Sl. No. | Title | Page No. |
|---|---|---|
| 1. | About Quality and Accreditation Institute (QAI) | 3 |
| 2. | Benefits of Accreditation | 3 |
| 3. | Organisation Structure | 5 |
| 4. | QAI's Centre for Accreditation for Health and Social Care | 6 |
| 5. | International affiliations and recognitions | 7 |
| 6. | Special Features of Accreditation Programme | 8 |
| 7. | Scope of Accreditation | 9 |
| 8. | Eligibility and Preparation for Accreditation | 11 |
| 9. | Accreditation Process | 12 |
| 10. | Assessment Criteria and Fee Structure | 15 |
| 11. | QAI-CAHSC Publications | 15 |

## 1. About Quality and Accreditation Institute (QAI)

Quality and Accreditation Institute Pvt. Ltd. is incorporated by Registrar of Companies under the Companies Act 1956. QAI was set up to create an ecosystem of accreditation/ certification, education, training and quality improvement. We aim to 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 healthcare services delivering better outcomes. This will further provide tremendous opportunities to all concerned to learn and contribute in improving organisations. Different activities would be initiated under different verticals in a manner that they remain independent of each other. QAI aims to operate globally. One of the verticals set up within QAI is the Centre for Accreditation of Health and Social Care (CAHSC). It is responsible to run various accreditation/ certification activities in health and social care.

QAI endeavours to operate various accreditation programmes 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.

**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

## 2. Benefits of Accreditation

**For Patients**
- In an accredited organization, 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 Healthcare Organization**

- Accreditation enables the organization in demonstrating commitment to deliver quality and safe patient care.
- Accreditation assures community about the quality of services and better health outcomes.
- Accreditation helps demonstrating that healthcare organisation 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 organisations.

**For Staff of Healthcare Organization**

- Accreditation 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

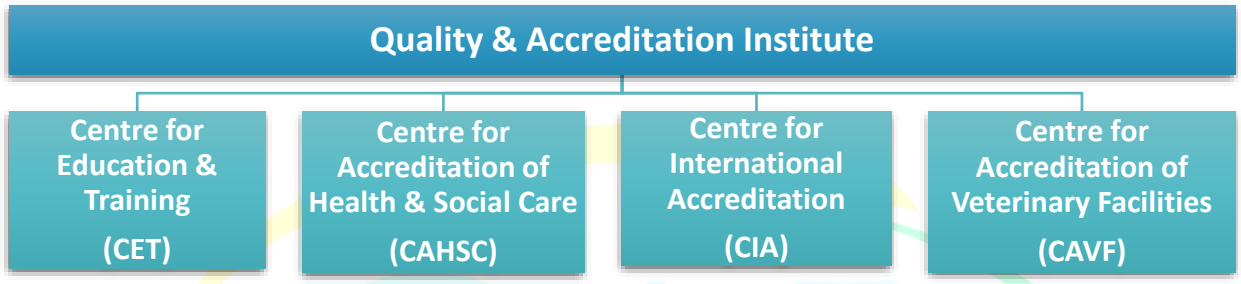
**For Third Parties**

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

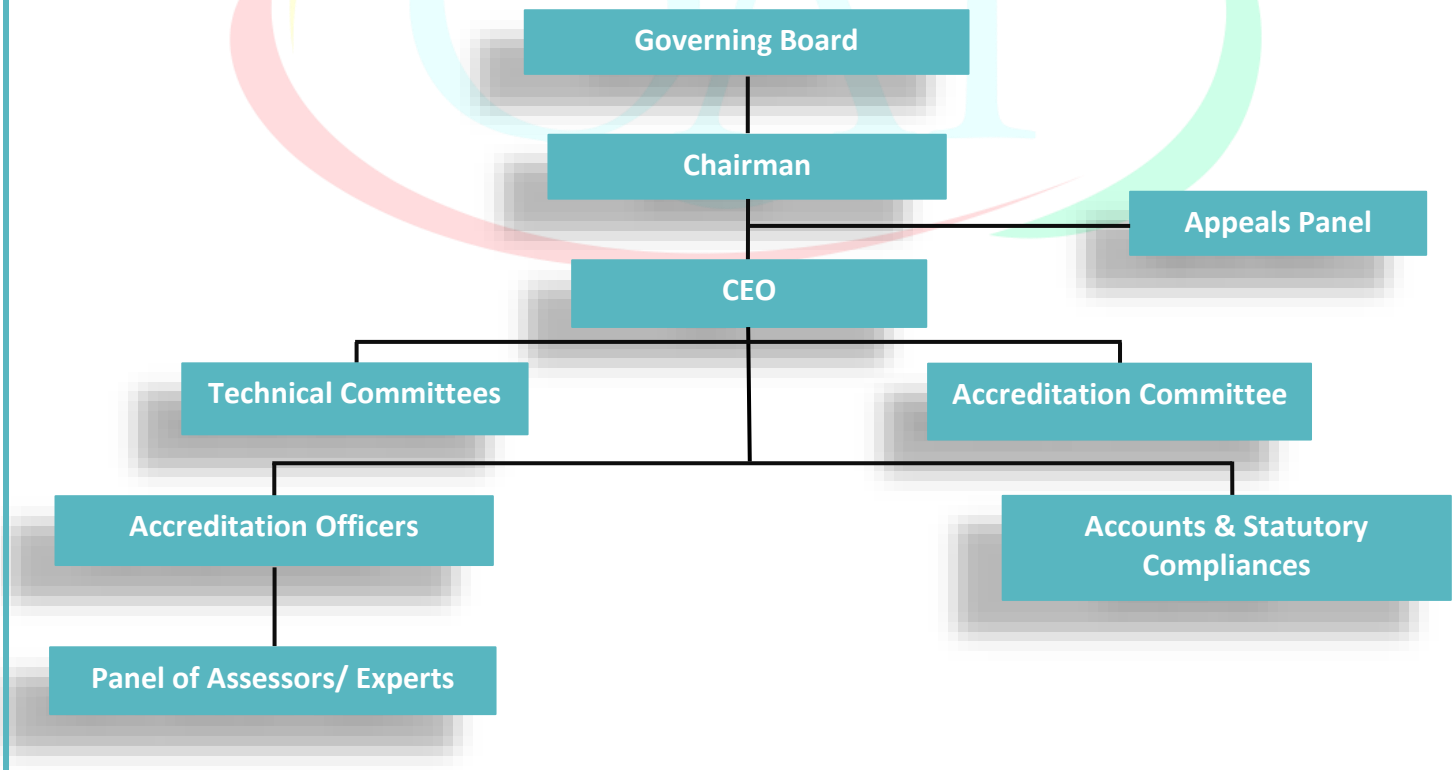
## 3. Organisation Structure

The organisation 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 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.




**Organogram of CAHSC**



## 4. QAI's Centre for Accreditation of Health and Social Care (CAHSC)

Currently, following accreditation/ certification/Recognition programmes are operational:

### Accreditation Programmes

| | | | | |
|---|---|---|---|---|
| Hospitals | Small Hospitals | Assisted Reporductive Technology (ART)/IVF Centres | Home Health Care | Dialysis Centres |
| Green Health Care Facility | Clinics | Ambulatory Care Facility (Dental/Eye/Imaging/ Day Care Surgery Centres etc.) | Telehealth | Hotel and Home Stays |
| Emergency Department | Transition Care/ Inpatient Rehabilitation Centre/ Senior Care/ Assisted Living | Primary and Advanced Stroke Centre | Vision Centres | Healthcare Facilities as per QAI 7101$^{Plus}$ |
| Medical Transport Organisations | Hair Transplant Clinics | Hematopoetic Cell Transplant and Cellular Therapy | Headache Clinic | Medical Value Travel Facilitator as per QAI 22525$^{Plus}$ |

### Certification Programmes:

| | | | |
|---|---|---|---|
| Hospital Certification (Entry Level) | WHO Patient Safety Friendly Hospital Standards | QAI PEAL Certification | Telehealth Platform |

### Recognition Programme:

| |
|---|
| Telemedicine |

## 5. International Affiliations

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

QAI is a Board Member of the International Society for Telemedicine and eHealth (ISfTeH) (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 ISQua Accreditation as an Organisation and Two Sets of Standards.**












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

## 6. Special Features of Accreditation 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
- HCF in SAARC nations enjoy same fee structure as for HCFs in India
- Blend of global strategy, experience and leadership
- Economic yet global benchmarking

## 7. Scope of Accreditation

**Broad Specialities in the Hospital:**

| | |
|---|---|
| Anaesthesiology | Ophthalmology |
| Dermatology and Venereology | Orthopaedic Surgery |
| Emergency Medicine | Otorhinolaryngology |
| Family Medicine | Paediatrics |
| General Medicine | Psychiatry |
| Geriatrics | Respiratory Medicine |
| General Surgery | Sports Medicine |
| Obstetrics and Gynaecology | Day Care Services |

**Super Specialities in the Hospital:**

| | |
|---|---|
| Cardiac Anaesthesia | Neurosurgery |
| Cardiology | Nuclear Medicine |
| Cardiothoracic Surgery | ➢ Medical Oncology |
| Clinical Haematology | ➢ Radiation Oncology |
| Critical Care | ➢ Surgical Oncology |
| Endocrinology | Paediatric Gastroenterology |
| Hepatology | Paediatric Cardiology |
| Hepato-Pancreato-Biliary Surgery | Paediatric Surgery |
| Immunology | Plastic and Reconstructive Surgery |
| Medical Gastroenterology | Rheumatology |
| Neonatology | Surgical Gastroenterology |
| Nephrology | Urology |
| Neurology | Vascular Surgery |
| Neuro-Radiology | Transplantation Services |

**Clinical Support departments/ services in the Hospital:**

| |
|---|
| Ambulance |
| Blood Bank / Transfusion Services |
| Dietetics |
| Psychology |
| Rehabilitation |
| ➢ Occupational Therapy |
| ➢ Physiotherapy |
| ➢ Speech and Language Therapy |

**Diagnostic Services in the Hospital**

| | |
|---|---|
| **Diagnostic Imaging** | |
| ➢ Bone Densitometry | ➢ MRI |
| ➢ CT Scanning | ➢ PET |
| ➢ DSA Lab | ➢ Ultrasound |
| ➢ Gamma Camera | ➢ X-Ray |
| ➢ Mammography | |
| **Laboratory Services** | |
| ➢ Clinical Bio-chemistry | ➢ Haematology |
| ➢ Clinical Microbiology and Serology | ➢ Histopathology |
| ➢ Clinical Pathology | ➢ Molecular Biology |
| ➢ Cytopathology | ➢ Toxicology |
| ➢ Genetics | |
| **Other Diagnostic Services** | |
| ➢ 2D Echo | ➢ Spirometry |
| ➢ Audiometry | ➢ Tread Mill Testing |
| ➢ EEG | ➢ Urodynamic Studies |
| ➢ EMG/EP | ➢ Any Other Diagnostic Service (s) |
| ➢ Holter Monitoring | |

## 8. Eligibility and Preparation for Accreditation

### 8.1 Eligibility for Accreditation

The applicant hospital must check whether they are eligible to apply by looking at their size and scope of services. These standards are applicable to whole hospital and not a specific service/ department of a hospital. Hospital should be operating with a minimum of 30% occupancy and have implemented standards for at least two months before applying for Accreditation to have sufficient data and records to verify during the assessment.

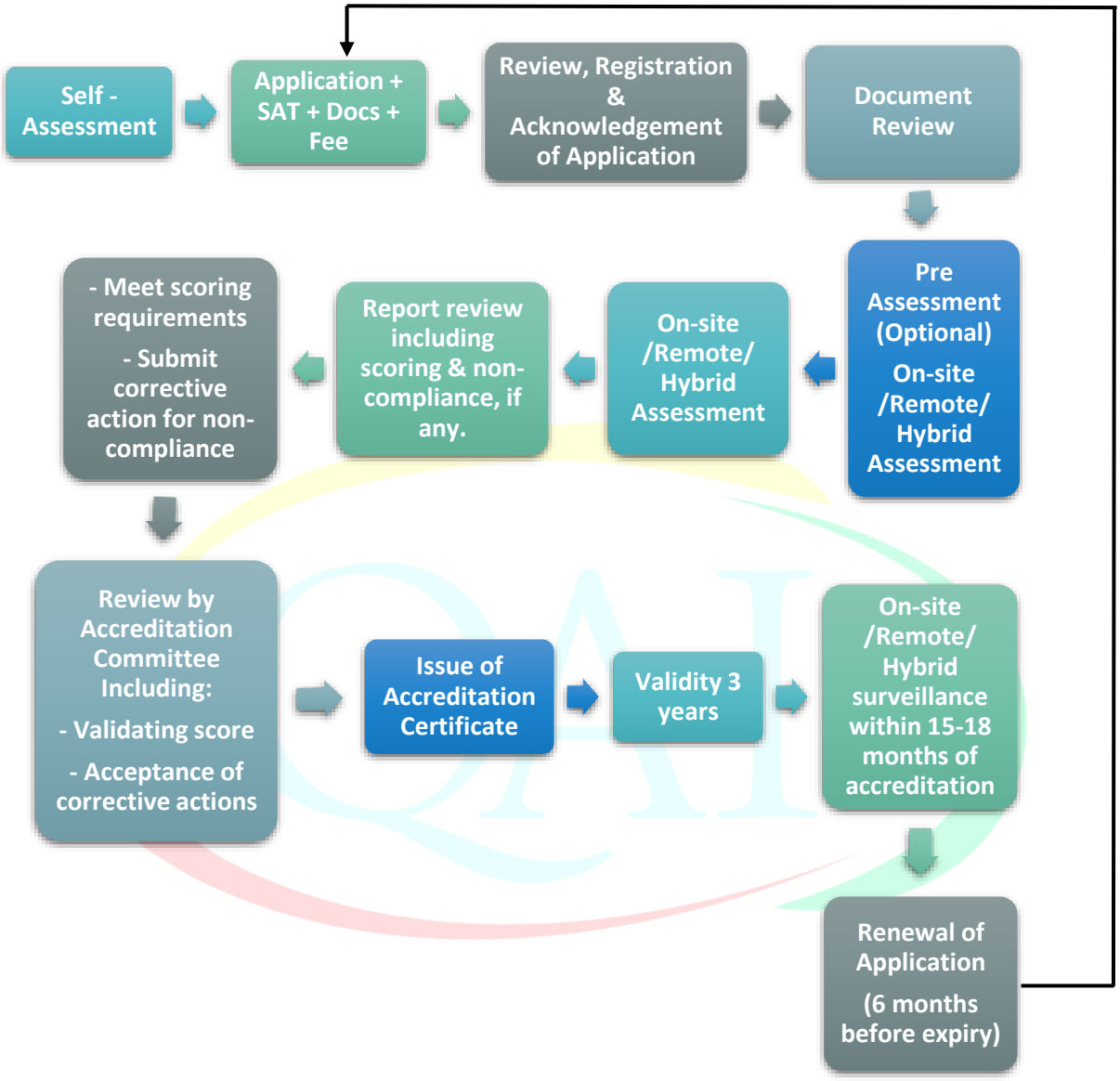
### 8.2 Preparing for Accreditation

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

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

## 9. Accreditation Process

Accreditation process is shown below:




### 9.1 Self-Assessment

Hospital 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 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.

### 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 hospital. 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 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.

### 9.5 Pre-Assessment (Optional):

QAI has introduced pre-assessment as optional. Those HCFs shall inform QAI while applying in case they wish to undergo pre-assessment. All HCFs are not required to undergo the same and 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 pre-assessment fee as defined in the fee structure (programme wise).

### 9.6 Final 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.

### 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 hospital meets the scoring for accreditation, however there are non-compliances, the hospital is asked to submit corrective actions against those non-compliances. The hospital 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 hospital 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 hospital 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.




HOSPITAL

### 9.9 Maintaining Accreditation

**Compliance to applicable standards and other requirements**
The accredited hospital at all times shall comply with the requirements of the standards as well as any other laid down requirements.
**Terms and Conditions**
The accredited 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 Organization**

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

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

## 10. Assessment Criteria and Fee Structure

Fees shall be calculated on the sanctioned beds in the hospital.

A uniform fee structure is maintained for all hospitals and the charges are maintained at a reasonable level so that hospitals 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 participations, less invoices and bank transactions.

## 11. 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
709, Wave Silver Tower, Sector 18, Noida-201301, India
Email: info@qai.org.in Website: www.qai.org.in
Mobile No.: +91 8287841146
Ph. No.: +91 120 6664981
LinkedIn |Twitter |Facebook |YouTube |Instagram