

QAI CAHSC 501

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



Change Adapt Improve

**INFORMATION BROCHURE
FOR
WHO PATIENT SAFETY FRIENDLY HOSPITAL
CERTIFICATION PROGRAMME**

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

Quality and Accreditation Institute is a private limited company incorporated by Registrar of Companies under the Companies Act 1956. QAI was set up to create an ecosystem of education, training, quality improvement and accreditation/ certification. It is believed that this organisation 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. This will further provide tremendous opportunities to all concerned to learn and contribute in improving organisations engaged with QAI. 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 vertical 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 certification 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

Membership

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



QAI became the institutional member of the International Society for Telemedicine and eHealth (ISfTeH) (www.isfteh.org).



International Society for
Telemedicine & eHealth

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

It is set up to operate accreditation/ certification programmes in health and social care sector. Primarily, it is targeted to launch those programmes which do not exist in India and there is a need felt by stakeholders to start such programmes. Currently, following accreditation/ certification/ recognition programmes have been developed: -

- Assisted Reproductive Technology (ART) including IVF Centres Accreditation Programme
- Home Health Care Accreditation Programme
- Dialysis Centres Accreditation Programme
- Green Health Care Facility Accreditation Programme
- Healthcare Facility Certification Programme
- WHO Patient Safety Friendly Hospital Standards Certification Programme
- Primary Care Clinic Accreditation Programme
- Ambulatory Care Facility Accreditation Programme
- Recognition Programme for Telemedicine Practitioners
- Accreditation Programme for Telehealth
- Accreditation Programme for Hotels and Home Stays
- Accreditation Programme for Emergency Department

Following standards have achieved ISQua accreditation, making QAI the first and only accreditation body in India to get such recognition.



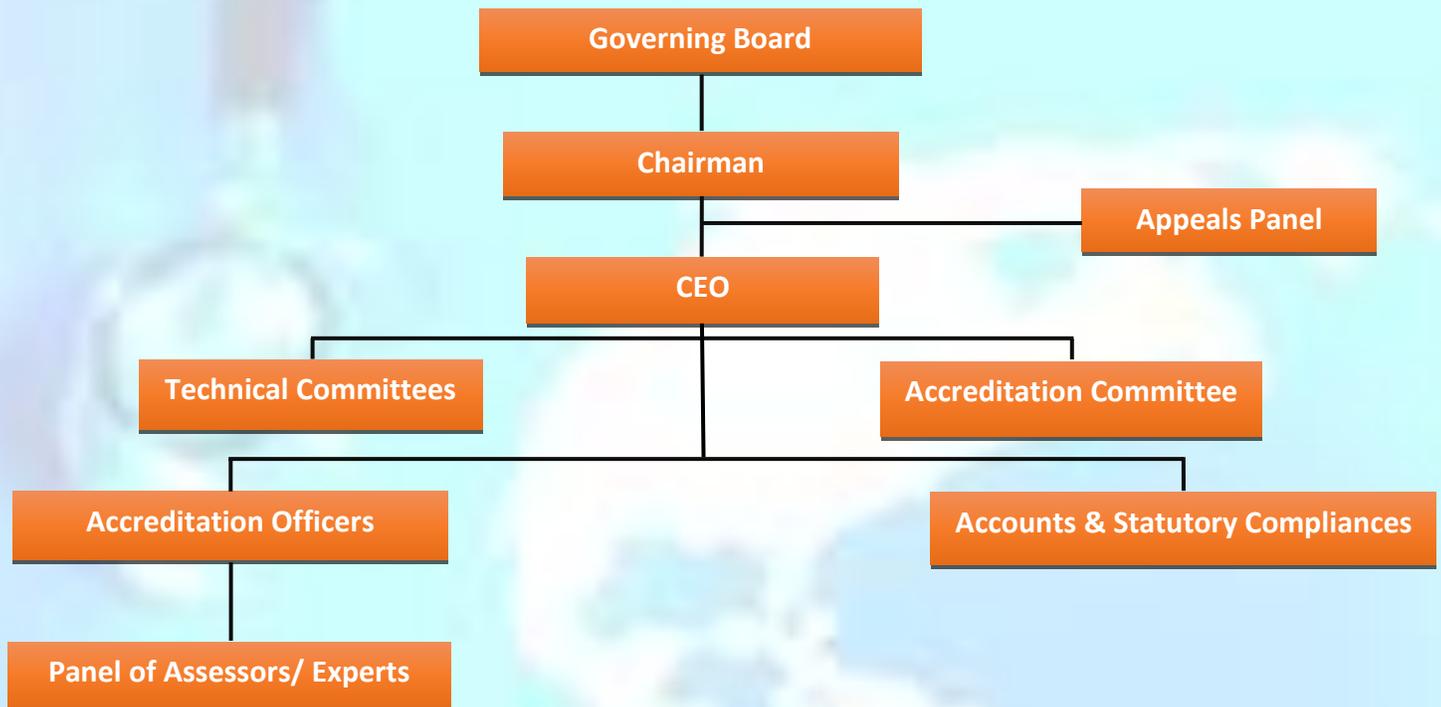
3. Organization Structure

The organization 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/ certification 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 and 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. About WHO Patient Safety Friendly Hospital Standards (PSFHS)

Patient safety is a global health concern, affecting patients in all health care settings, whether in developed or developing countries. **Patient safety is the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.** In addition to human suffering, unsafe health care exacts a heavy economic toll the reason is system failures rather than the actions of individuals. WHO has recognized the importance of patient safety and prioritized it as a public health concern. WHO EMRO has developed patient safety friendly hospital standards which are adopted by QAI-CAHSC to operate a certification Programme to spread the concept of patient safety.

5. Patient Safety Friendly Hospital Assessment

Patient safety standards are a set of requirements that are critical for the establishment of a patient safety Programme at hospital level. They provide a framework that enables hospitals to assess patient care from a patient safety perspective, build capacity of staff in patient safety, and involve consumers in improving health care safety. Patient safety friendly hospital assessment is a mechanism developed to assess patient safety in hospitals. It provides institutions with a means to determine the level of patient safety; whether for the purpose of initiating a patient safety Programme or as part of an on-going Programme.

The assessment is voluntary and is conducted through an external, measurement-based evaluation. Assessment has several benefits for hospitals. It demonstrates to the public commitment and accountability regarding patient safety. It offers a key benchmarking tool, identifies opportunities for improvement, and encourages improvement to attain standard

targets. Finally, it provides motivation for staff to participate in improving patient safety. The ultimate goal of the initiative is to improve the level of patient safety in hospitals by creating conditions that lead to safer care, thus protecting the community from avoidable harm and reducing adverse events in hospital settings.

6. How does PSFHS Assessment Benefit Hospitals?

- It demonstrates **public commitment and accountability** regarding patient safety.
- Benchmarking hospitals performance against PSFHS **encourages improvement** in patient safety.
- Using the assessment **motivates staff** to improve patient safety.

7. Why Patient Safety Matters?

Patient safety is a major challenge for all health systems globally.

- Adverse events following hospitalization are the 14th leading cause of death and injury globally.
- There are approximately 421 million hospitalization each year globally, 42.1 million of which result in adverse events.
- About 15% of all hospitals activities and expenditure are a direct result of adverse events, costing trillions of dollars annually.
- Research has shown that up to 18% of hospitals admissions in Eastern Mediterranean Region are associated with adverse events and 83% are preventable.

8. Five Key Strategies to Improve Patient Safety

- Leadership commitment
- Clear policies and guidelines
- Competent and compassionate health professionals
- Engaging patients and families
- Using data to drive improvements

9. PSFHS Domains and Standards

There are **Five** domains to improve patient safety-

Leadership and management

Patient and public involvement

Safe evidences- based clinical practice

Safe enviroment

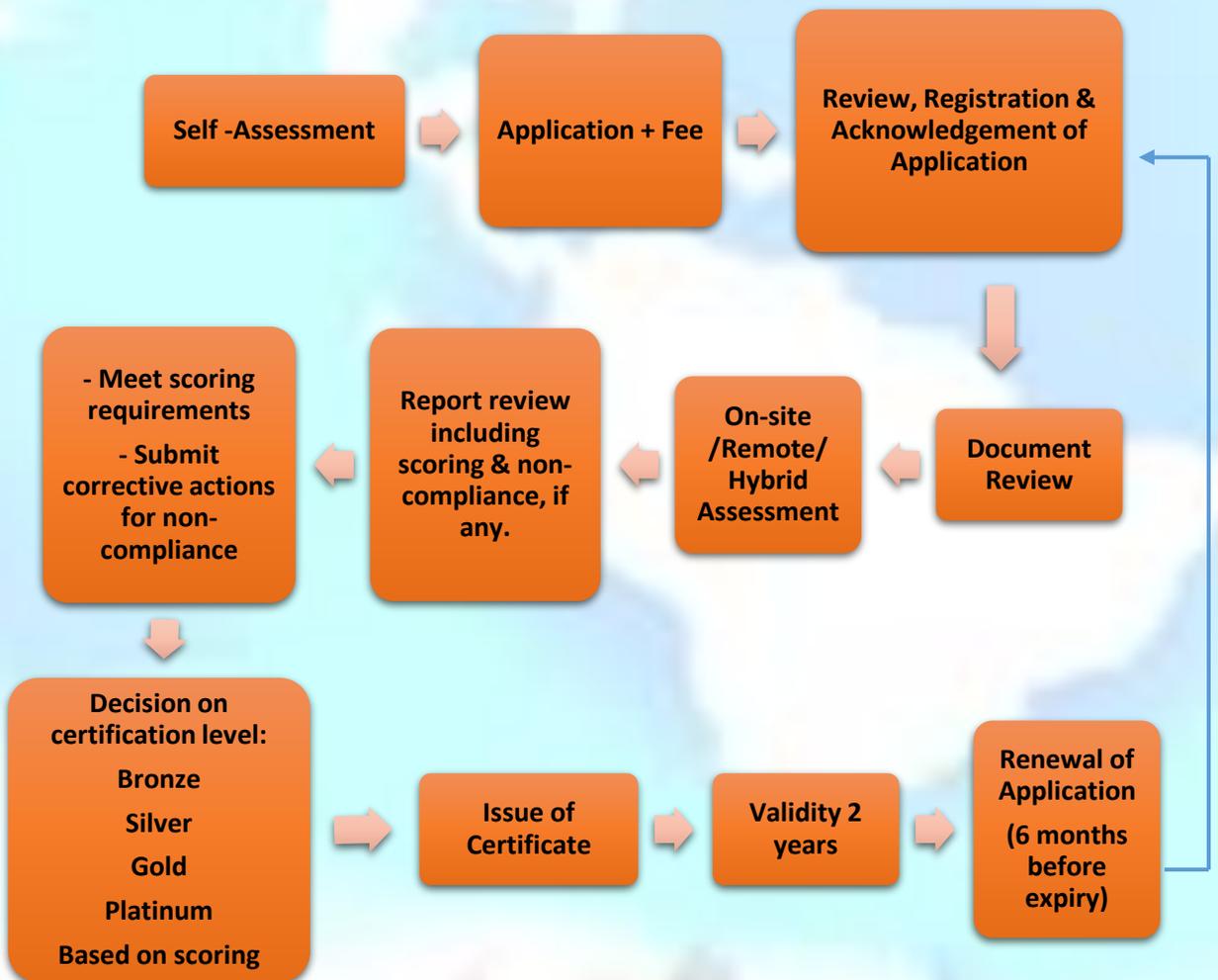
Lifelong Learning

22 standards cover the five domains, including **25 critical standards, 94 core standards** and **15 developmental standards**. Hospitals are graded to show how far they meet each standard, with **four levels** of compliance.

Hospital level	Critical standards	Core standards	Developmental standards
Level 1 (Bronze)	100%	Any	Any
Level 2 (Silver)	100%	60–89%	Any
Level 3 (Gold)	100%	≥ 90%	Any
Level 4 (Platinum)	100%	≥ 90%	≥ 80%

10. Certification Process

Conceptualised Certification Process which is simple and efficient as shown below:



10.1 Self-Assessment

HCF first carry out self-assessment using self-assessment tool which is based on the requirements of the certification 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.

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 HCF. 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 HCF. The assessment team carries out document review by going through the self-assessment tool and referenced documents, and provide feedback to the HCF during on-site assessment.

10.5 Final On-Site/ Remote/ Hybrid Assessment

Appointed assessment team conducts the on-site/ remote/ hybrid assessment. CAHSC may also nominate an observer which is either an assessor-in-training or a Secretariat staff. CAHSC seeks HCF's acceptance for the proposed assessment team and dates for assessment. The HCF 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 HCF.** During on-site visit, the assessment team validate the scoring of self-assessment by reviewing documents, records, observation, interaction with staff and patients. The assessment report contains the findings of the assessment. The non-compliances, if identified are reported in the assessment report. The report is endorsed by the authorised signatory of the HCF. The report prepared by the assessment team is sent to CAHSC Secretariat. A copy of summary of assessment report and copies of non-compliances, if any, are provided to the HCF 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. Based on the scoring, the HCF is awarded relevant level (Bronze, Silver, Gold, Platinum), however if there were non-compliances, the HCF 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 issues 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 HCF is authorised to use following certification mark subject to requirements specified in QAI CAHSC 019-Policy and guidelines for use of QAI accreditation/ certification mark.



BRONZE/SILVER/GOLD/PLATINUM
WHO PSFH

10.8 Maintaining Certification

Compliance to applicable standards and other requirements

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

Terms and Conditions

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

Adverse decision against the Healthcare Facility

If the HCF 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 HCF like abeyance, denial of certification, suspension or forced withdrawal as per laid down policy.

10.9 Reassessment

The certified HCF is subjected to re-assessment every 2 years for renewal of certification. The HCF 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 on-site assessment.

10.10 Level Upgradation

Certified HCF which has achieved Bronze/ Silver/ Gold level can apply for upgradation to the next level after one year of certification by paying an application fee.

11. Assessment Criteria and Fee Structure

A uniform fee structure is maintained for all HCFs and the charges are maintained at a reasonable level so that HCFs are not denied participation in the 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. The information about the fee structure is given below:

Assessment criteria and fee structure for WHO PSFHS Certification

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

NOTE: The man-days given above for assessment and re-assessment are indicative and may change depending on the size of the Hospital. A nominal fee may be charged for remote or hybrid assessment.

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, HCF shall bear the cost of following (in case of on-site/ hybrid assessment):

- a. Travel of the assessment team
- b. Accommodation and meals

Guidelines for Travel and Lodging:

- a. Travel to be made by Air in economy class (Apex fare) or by train in 2nd AC Class or by AC Bus/ Taxi.
- b. The HCF will provide the tickets for travel as per above guidelines. If the journey is made by own car, the re-imbursement will be as per company's rules or restricted to 2nd AC Class fare by train.
- c. The HCF shall also make arrangements for travel & 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 HCF 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.

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

Note: Any bank charges for transfer of fee is 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
Email: info@qai.org.in Website: www.qai.org.in
Twitter@QAI2017