



Quality & Accreditation Institute

Centre for Accreditation of Health and Social Care

Introduction of QAI

- Function as an **Accreditation Body** in August 2017
- **Vision:** Nurturing the largest global pool of organisations and people through quality improvement 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.

Introduction of QAI

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

Accreditation/ Certification Programmes

1. Assisted Reproductive Technology (ART)/IVF Centre
2. Home Health Care
3. Dialysis Centre
4. Green Health Care Facility
5. Healthcare Facility/ Hospital Certification
6. WHO Patient Safety Friendly Hospital Standards Certification Programme
7. Primary Care Clinic
8. Ambulatory Care Facility (Dental/Eye/Imaging etc.)
9. Telemedicine/ Digital Health (Work in Process)

International Approval: ISQua Accreditation

QAI is the first and only accreditation body in India having 2 standards accredited by ISQua.



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



Dr. B.K. Rana, CEO is a member of the Board of
Directors (2014 - 2016, 2017-2020)

QAI Journal for Healthcare Quality & Patient Safety (www.qaij.org)



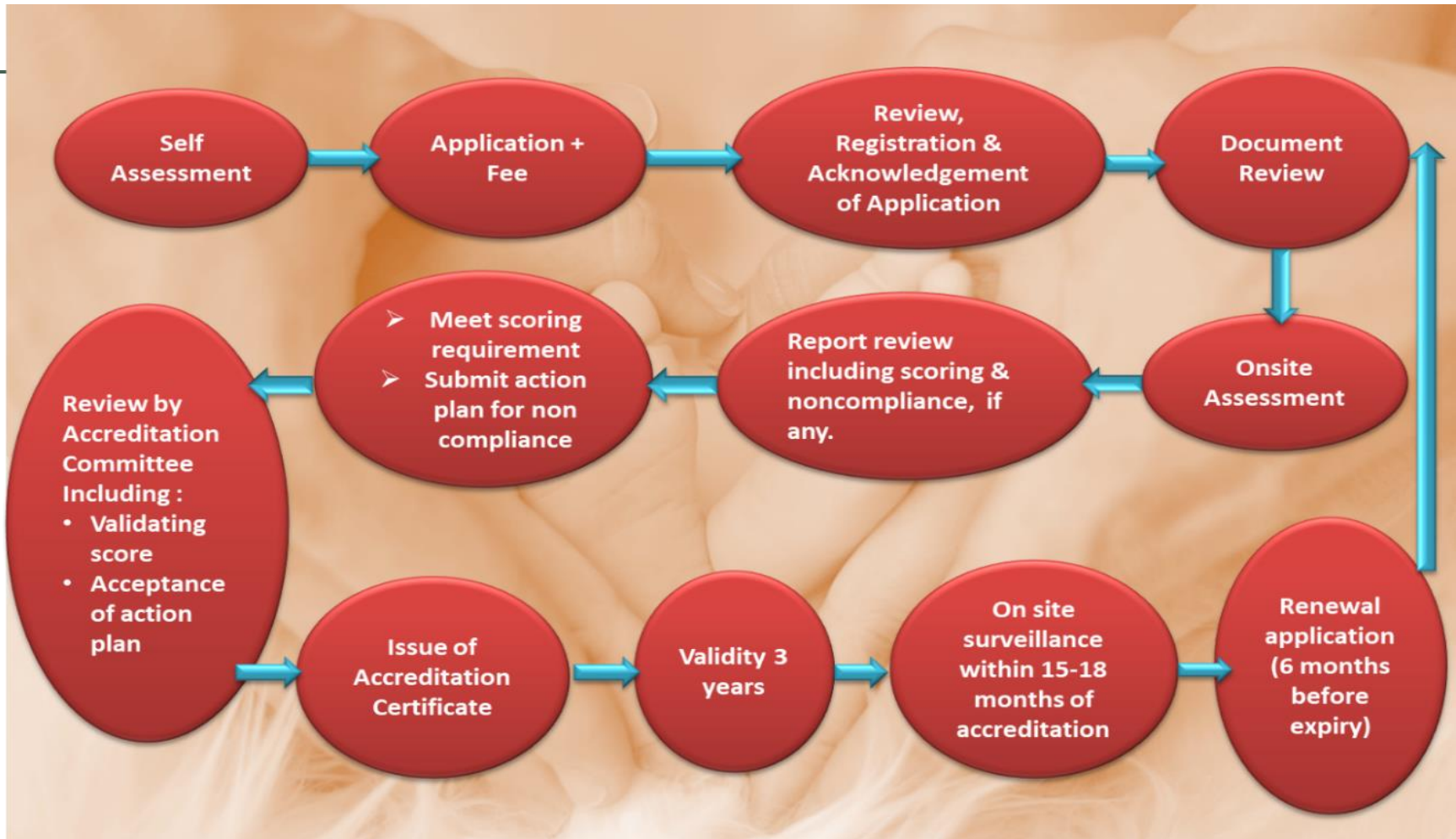
Global Operations

- Nepal
- Bhutan
- Bangladesh
- Philippines
- Maldives
- Oman
- Ghana
- Nigeria
- Mexico

Accreditation Mark



Accreditation Process



Accreditation

- Public recognition of the achievement of accreditation standards by a healthcare organisation, demonstrated through an independent external assessment of that organisation's level of performance in relation to the standard.

(ISQua)

Benefits of Accreditation

For Patients

- Patient centric care
- Empowered patient
- High quality of care
- Increased patient safety
- Patients get services by competent staff
- Rights of patients are respected and protected
- Patient satisfaction is regularly evaluated
- Transparency in treatment cost
- Ethical consideration

For Dialysis Centres

- ❑ Accreditation process stimulates continual improvement in the organisation.
- ❑ Support monitoring of the processes required for dialysis service to help in efficient and safe care.
- ❑ Ensuring continuous assistance to patients.
- ❑ Continuous professional and skill development of the dialysis technicians, nephrologists, nursing and other staff.
- ❑ Provides an objective system of evaluation and empanelment by third parties.
- ❑ Demonstrate transparency in its operations.
- ❑ Exhibit that it functions in ethical manner.

For Staff

- Increased staff satisfaction as it provides
 - opportunities for continuous learning, good working environment,
 - leadership and ownership of processes.
- Increased Staff safety including best practices for infection prevention e.g. COVID-19
- Support professional development

For Third parties / Stakeholders

- Provides an objective system of evaluation and empanelment for payer (government /insurance / organisations) and other third parties.
- Accreditation provides access to reliable and documented information on activities, facilities, infrastructure and level of care.

Driving Factors for Accreditation

- Consumer Protection Act
- Clinical Establishment Act
- Insurance Companies regulation
- Empanelment by insurance providers
- Community Awareness & Response
- Health Tourism (Medical Value Travel)

Framework of Standards

1. Governance and Leadership (GAL)
2. Human Resource Management (HRM)
3. Facility and Risk Management (FRM)
4. Information Management System (IMS)
5. Continual Quality Improvement (CQI)
6. Patient Assessment and Care (PAC)
7. Patient Rights and Education (PRE)
8. Medication Management and Safety (MMS)
9. Dialysis Care and Safety (DCS)
10. Hygiene and Infection Control (HIC)

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	7	21
2	Human Resource Management (HRM)	9	30
3	Facility and Risk Management (FRM)	15	83
4	Information Management System (IMS)	8	33
5	Continual Quality Improvement (CQI)	7	26
6	Patient Assessment and Care (PAC)	14	53
7	Patient Rights and Education (PRE)	8	38
8	Medication Management and Safety (MMS)	10	47
9	Dialysis Care and Safety (DCS)	8	32
10	Hygiene and Infection Control (HIC)	8	34
	Total	94	397

CHAPTER 1:

Governance and Leadership

(GAL)

STANDARDS

- ❑ GAL.1: The governing body is committed to, and actively engaged in, quality and safety.
- ❑ GAL.2: The governing body is accountable for the quality and safety of care delivered.
- ❑ GAL.3: The governing body receives reports on the quality and safety of care delivered.
- ❑ GAL.4: Accountability and responsibility of key leadership functions are assigned.

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- ❑ GAL.5: The centre plans services to meet the needs of the patient population it serves.
 - ❑ GAL.6: The centre delivers services and makes decisions in accordance with its values and ethical principles.
 - ❑ GAL.7: Medical responsibilities are defined and supervised by qualified and experienced personnel.

CHAPTER 2:

Human Resource Management (HRM)

STANDARDS

- HRM.1: The centre has a documented process for human resource planning.
- HRM.2: The centre has a documented recruitment process.
- HRM.3: The centre has a documented performance evaluation process.

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- ❑ HRM.4: The centre has a continuous professional development programme for its staff.
 - ❑ HRM.5: A documented disciplinary and grievance handling system exist in the centre.
 - ❑ HRM.6: A documented policy exists to address health care needs of staff.

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- ❑ HRM.7: The centre has a documented system of credentialing and privileging of medical and nursing staff.
 - ❑ HRM.8: The centre has a documented system of maintaining personnel files for all staff members
 - ❑ HRM.9: The centre has adequate professional and technical staff.

CHAPTER 3:

Facility and Risk Management (FRM)

STANDARDS

- ❑ FRM.1: Facility Management is guided by applicable laws and regulations.
- ❑ FRM.2: There is a documented safety and security plan.
- ❑ FRM.3: There is a documented plan and system for management of hazardous material.
- ❑ FRM.4: The centre has provision of potable water and electricity during working hours.

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- ❑ FRM.5: There is a documented emergency response plan.
 - ❑ FRM.6: There is a documented biomedical equipment management programme.
 - ❑ FRM.7: The centre has a programme for medical gases, vacuum and compressed air.
 - ❑ FRM.8: A documented risk management plan is implemented.

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- ❑ FRM.9: The centre has adequate treatment rooms and equipment.
 - ❑ FRM.10: The centre has adequate facilities for dialyzer reprocessing.
 - ❑ FRM.11: There is a documented procedure for reprocessing of dialyzers.
 - ❑ FRM.12: There is a documented procedure for storage of reprocessed dialyzers.

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- ❑ FRM.13: The reprocessing of the dialyzers of seropositive patients is performed under biosafety conditions.
 - ❑ FRM.14: There is a documented process for maintenance of Reverse Osmosis (RO) plant.
 - ❑ FRM.15: Diagnostic laboratory services are available as needed.

CHAPTER 4:

Information Management

System

(IMS)

STANDARDS

- ❑ IMS.1: Documented policies and procedures exist to meet the information needs of the centre.
- ❑ IMS.2: The centre implements a robust document control system.
- ❑ IMS.3: The centre implements a robust system of controlling and managing data.

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- ❑ IMS.4: The centre defines what constitutes a medical record.
 - ❑ IMS.5: The centre maintains complete and accurate medical record for every patient.
 - ❑ IMS.6: The centre has documented policy and procedure in place for maintaining confidentiality, integrity and security of records, data and information

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- IMS.7: There is documented policy and procedure exists regarding retention time of records, data and information
 - IMS.8: The centre regularly conducts medical record audit.

CHAPTER 5: Continual Quality Improvement (CQI)

STANDARDS

- ❑ CQI.1: The Management plans and leads the quality improvement programme in the centre.
- ❑ CQI.2: The Leaders have oversight function of leading quality improvement activities of the centre.
- ❑ CQI.3: There is a structured quality improvement programme.

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- ❑ CQI.4: The centre designs clinical and managerial processes to promote quality improvement.
 - ❑ CQI.5: The centre collects the data, analyse it and use for improvement.
 - ❑ CQI.6: The centre implements a system for clinical audit.
 - ❑ CQI.7: The centre defines and analyse sentinel events.

CHAPTER 6:

Patient Assessment & Care

(PAC)

STANDARDS

- ❑ PAC.1: The centre defines and displays its services.
- ❑ PAC.2: The centre has a documented registration and admission process.
- ❑ PAC.3: The centre has adequate mechanism for transfer or referral of patients.
- ❑ PAC.4: Initial assessment is conducted of all patients being cared for in the centre.

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- ❑ PAC.5: Patients admitted by the centre undergo a regular reassessment.
 - ❑ PAC.6: The centre ensures uniform and continuity of patient care.
 - ❑ PAC.7: Care rendered to patients is evidence based and documented to ensure uniformity.
 - ❑ PAC.8: There is a process to deal with patients requiring urgent care.

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- ❑ PAC.9 : The centre has a provision of ambulance service.
 - ❑ PAC.10: The centre has resuscitation services for cardio-pulmonary arrest.
 - ❑ PAC.11: The centre defines policy and procedure for nursing care.
 - ❑ PAC.12: The centre ensures proper treatment planning and monitoring.

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- ❑ PAC.13: A documented discharge process exists.
 - ❑ PAC.14: The centre defines the contents of discharge/ treatment summary.

CHAPTER 7: Patient Rights and Education (PRE)

STANDARDS

- ❑ PRE.1: The centre protects rights of patients.
- ❑ PRE.2: The centre informs patients about their responsibilities while receiving care.
- ❑ PRE.3: The centre identifies and documents the rights of the patient supporting individual beliefs and values.
- ❑ PRE.4: The organisation educates the patient and family to make informed decisions and their involvement in care planning.

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- ❑ PRE.5: The centre documents a procedure to obtain informed consent.
 - ❑ PRE.6: The centre addresses ethical dilemma in a timely manner.
 - ❑ PRE.7: The centre has a documented complaint redressal system.
 - ❑ PRE.8: The centre has a system for effective professional communication.

CHAPTER 8: Medication Management and Safety (MMS)

STANDARDS

- ❑ MMS.1: Documented policy and procedure exists for the management of medication.
- ❑ MMS.2: The centre develops a drug formulary based on the needs.
- ❑ MMS.3: There is a documented process for procurement of medications.
- ❑ MMS.4: There is a documented policy and procedure for storage of medication.



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- ❑ MMS.5: There is documented policy and procedure for prescription of medication.
 - ❑ MMS.6: A documented policy and procedure exists for safe dispensing of medications.
 - ❑ MMS.7: A documented policy and procedure exists for safe administration of medications.
 - ❑ MMS.8: The centre has a system of reporting and analysing near misses, medication errors and adverse drug events.

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- ❑ MMS.9: There is a documented policy and procedure for the use of narcotic drugs and psychotropic substances.
 - ❑ MMS.10: A documented process is used for the management of medical supplies and consumables.

CHAPTER 9:

Dialysis Care and Safety (DCS)

STANDARDS

- ❑ DCS.1: The centre ensures proper pre-dialysis care.
- ❑ DCS.2: The centre ensures proper dialysis care.
- ❑ DCS.3: The centre ensures proper post-dialysis care.
- ❑ DCS.4: The centre has documented policies and procedures for peritoneal dialysis.

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- ❑ DCS.5: Documented policy and procedure exists for care of vulnerable patients.
 - ❑ DCS.6: Documented policy and procedure exists for any research activity.
 - ❑ DCS.7: The centre ensures patient safety.
 - ❑ DCS.8: There is a structured patient-safety programme in the centre.

CHAPTER 10: Hygiene and Infection Control (HIC)

STANDARDS

- ❑ HIC.1: The centre has a comprehensive hygiene and infection control programme.
- ❑ HIC.2: There is a documented process to ensure infection control in medication management.
- ❑ HIC.3: There is a documented process to ensure infection control in linen management.
- ❑ HIC.4: There is a documented process to ensure infection control in sterilization unit.

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- ❑ HIC.5: The centre has a documented policy on biomedical waste segregation and disposal in accordance with laws.
 - ❑ HIC.6: The centre has system of use of Personal Protective Equipment (PPEs).
 - ❑ HIC.7: The centre has a policy on hand hygiene.
 - ❑ HIC.8: The centre has a policy and procedure for general cleaning and disinfection.

Thank you

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