



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)



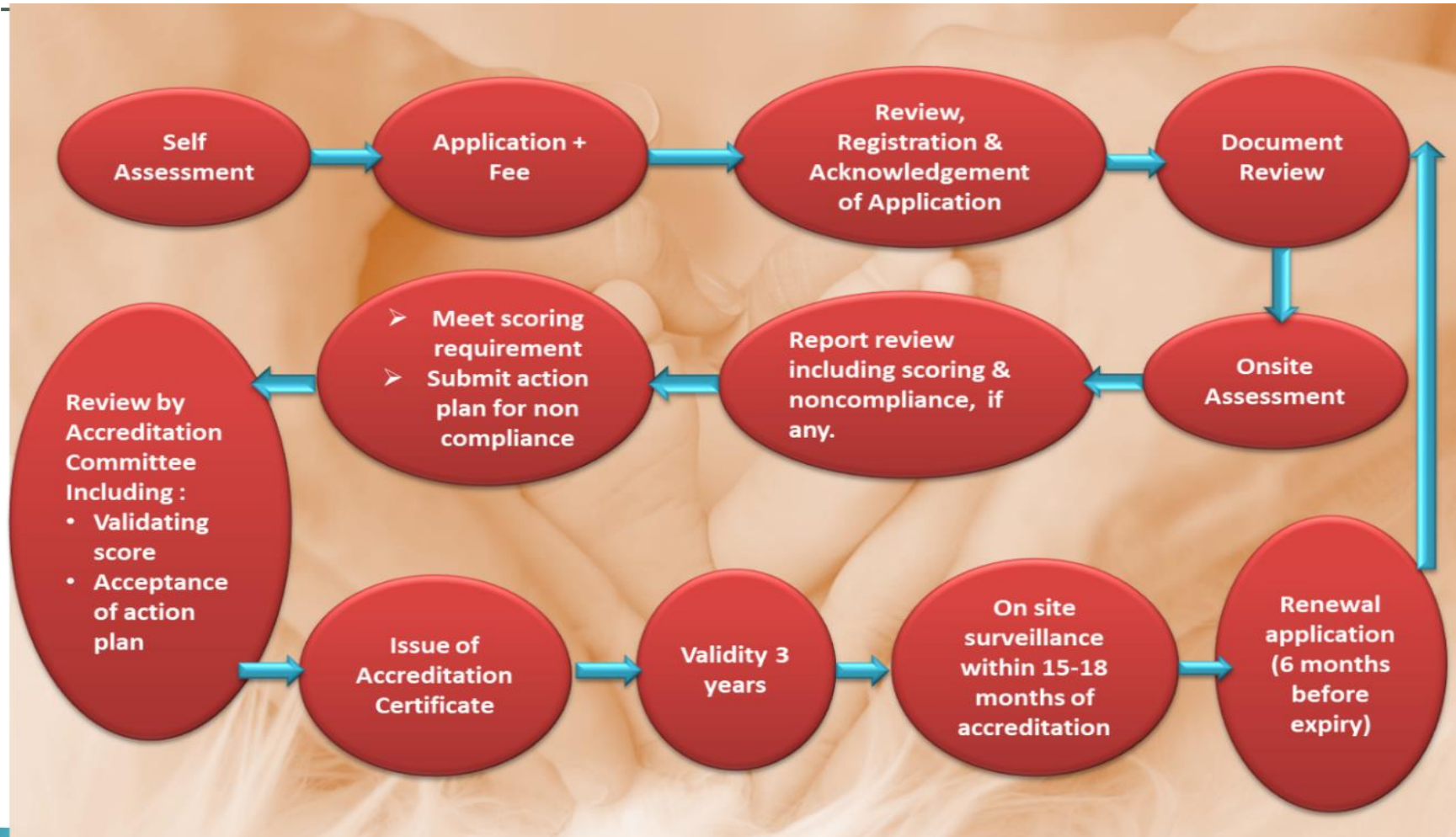
Global Operations

- 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 ART Centres

- Accreditation stimulates continual improvement.
- Enables the organisation in demonstrating commitment to quality and safety.
- Helps building community confidence in their services.
- Increased credibility
- Transparent operation
- Provides opportunity to healthcare facility to benchmark.
- **System for self-regulation**
- Increased business

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. Surgical Care and Safety (SCS)
10. Hygiene and Infection Control (HIC)

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	7	22
2	Human Resource Management (HRM)	8	27
3	Facility and Risk Management (FRM)	15	91
4	Information Management System (IMS)	8	38
5	Continual Quality Improvement (CQI)	8	35
6	Patient Assessment and Care (PAC)	14	58
7	Patient Rights and Education (PRE)	7	36
8	Medication Management and Safety (MMS)	10	50
9	Surgical Care and Safety (SCS)	5	21
10	Hygiene and Infection Control (HIC)	9	43
	Total	91	421

CHAPTER 1:

Governance and Leadership

(GAL)

STANDARDS

GAL.1: The management of the primary care clinic is committed to, and actively engaged in, quality and safety.

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.

GAL.6 : The centre plans services to meet the current and future needs of the patient population it serves.

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.

HRM.4: The centre has a continuous professional development program.

HRM.6: A documented policy exists to address health needs of staff

HRM.7 : The centre has a documented system of credentialing and privileging of medical and nursing 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. 5 : There is a documented emergency response plan.

FRM. 6: There is a documented biomedical equipment management program.

FRM. 8: There is appropriate space available for specimen reception and handling of specimens/gametes/ embryos.

FRM. 9: Good practices are followed in IVF laboratory.

FRM.10: Proper procedure for Oocyte identification, sperm preparation, insemination of oocytes is followed.

FRM.11: There is a documented process for embryo culture, grading and cryopreservation.

FRM.12: Cryopreservation of embryos follows good practices.

FRM.13: Micromanipulation activities follow good practices.

FRM.14: There is adequate facility for carrying out surgical and invasive procedures.

FRM.15: A documented risk management plan is implemented.

CHAPTER 4:

Information Management

System

(IMS)

STANDARDS

IMS. 1: Documented policy and procedure exists to meet the information needs of the centre.

IMS. 2: The centre implements a document control system.

IMS. 3: The centre implements a system of controlling and managing of data.

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.

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 program in the centre.

CQI.2: Leaders have oversight function of leading quality improvement activities of the centre.

CQI.3: There is a structured quality improvement program.

CQI.4: The centre designs clinical and managerial processes to promote quality improvement.

CQI.5: There is a structured patient-safety program in the centre.

CQI.6: The centre collects the data, analyse it and use for improvement

CQI.7: The centre implements a system for clinical audit.

CQI.8: 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.4: Initial assessment is conducted of all patients being cared for in the centre.

PAC.5: Patients admitted by the centre undergo a regular reassessment.

PAC.7: Care rendered to patients is evidence based and documented to ensure uniformity.

PAC.8: A documented discharge process exists.

PAC.9 : The centre defines the contents of discharge summary.

PAC.12: The centre has resuscitation services for cardiopulmonary arrest.

PAC.13: The centre defines policy and procedure for nursing care.

PAC.14: The centre provides appropriate diagnostic laboratory and imaging services.

CHAPTER 7: Patient Rights and Education (PRE)

STANDARDS

PRE. 1: The centre protects rights of patients.

PRE. 3: The centre identifies and documents the rights of patient supporting individual beliefs and values.

PRE. 4: The centre educates the patient and family to make informed decisions and their involvement in care planning.

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.

CHAPTER 8:

Medication Management and Safety (MMS)

STANDARDS

MMS 1: Documented policy and procedure exists for the management of medication in the centre

MMS. 2: The centre develops a drug formulary based on the needs.

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.

CHAPTER 9:

Surgical Care and Safety (SCS)

STANDARDS

SCS. 2: Documented policies and procedures exist for carrying out various ART procedures.

SCS.3: The centre follows a documented procedure for surgical safety.

SCS.4: Documented policy and procedure is used for administration of anaesthesia/ moderate sedation.

SCS. 5: Documented policy and procedure exists for any research activity.

CHAPTER 10: Hygiene and Infection Control (HIC)

STANDARDS

HIC. 1: The centre has a comprehensive hygiene and infection control program.

HIC. 4: There is documented process to ensure infection control in laundry.

HIC. 5: There is documented process to ensure infection control in sterilization unit.

HIC. 6: The centre has a documented policy on biomedical waste segregation and disposal in accordance with laws.

Thank you

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