



Quality & Accreditation Institute



Role of Accreditation Standards in Physiotherapy & Occupational Therapy Centres

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/Physiotherapy etc.)
9. Telemedicine/ Digital Health (Work in Progress)

International Approval: ISQua Accreditation

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



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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)



Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	5	14
2	Human Resource Management (HRM)	5	17
3	Facility and Risk Management (FRM)	9	30
4	Information Management System (IMS)	8	29
5	Continual Quality Improvement (CQI)	3	11
6	Patient Assessment and Care (PAC)	13	49
7	Patient Rights and Education (PRE)	4	18
8	Medication Management and Safety (MMS)	11	40
9	Surgical Care and Safety (SCS)	7	30
10	Hygiene and Infection Control (HIC)	6	30
	Total	71	268

CHAPTER 1:

Governance and Leadership

(GAL)

STANDARDS

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

GAL.2: The management is accountable for the quality and safety of care delivered.

GAL.3: The management receives reports on the quality and safety of care delivered.

GAL.4: The ambulatory care facility delivers services and makes decisions in accordance with its values and ethical principles.

CHAPTER 2:

Human Resource Management (HRM)

STANDARDS

HRM.1: The ambulatory care facility has adequate and appropriate human resources.

HRM.2: The ambulatory care facility has a continuous professional development programme for its staff.

HRM.3: A documented disciplinary and grievance handling system exists in the ambulatory care facility.

HRM.4: A documented policy exists to address health and safety needs of 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.4: The ambulatory care facility has provision of potable water and electricity during operational hours.

FRM.6: There is a documented equipment management Programme.

FRM.9: A documented risk management plan is implemented.

CHAPTER 4:

Information Management

System

(IMS)

STANDARDS

IMS.1: Documented policy and procedure exist to meet the information needs of the ambulatory care facility.

IMS.5: The ambulatory care facility maintains complete and accurate medical/dental record of every patient.

IMS.6: The ambulatory care facility has documented policy and procedure for maintaining confidentiality, integrity and security of records, data and information.

IMS.7: There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.

CHAPTER 5: Continual Quality Improvement (CQI)

STANDARDS

CQI.1: There is a structured quality improvement programme.

CQI.2: There is a structured patient-safety programme in the ambulatory care facility.

CQI.3: The ambulatory care facility defines and monitors performance indicators.

CHAPTER 6:

Patient Assessment & Care

(PAC)

STANDARDS

PAC.1: The ambulatory care facility defines and displays its services.

PAC.2: The ambulatory care facility has a documented registration and admission (not overnight) process, as applicable.

PAC.4: Initial assessment is conducted of all patients being cared for in the ambulatory care facility.

PAC.11: A documented discharge process exists.
(if applicable)

CHAPTER 7: Patient Rights and Education (PRE)

STANDARDS

PRE.1: The ambulatory care facility protects rights of patients.

PRE.2: The ambulatory care facility identifies and documents the rights of patient supporting individual beliefs and values.

PRE.3: The ambulatory care facility educates the patient and family to make informed decisions and their involvement in care planning.

PRE.4: The ambulatory care facility has a documented feedback (compliment and complaint) system.

CHAPTER 9:

Surgical Care and Safety (SCS)

STANDARDS

SCS.5: Documented policy and procedure exist for care of vulnerable patients.

SCS.7: Documented policy and procedure exist for the care of patients in observation units as per the scope of services.

CHAPTER 10:

Hygiene and Infection Control (HIC)

STANDARDS

HIC.1: The ambulatory care facility has a comprehensive hygiene and infection control programme.

HIC.3: The ambulatory care facility has a documented policy on biomedical waste segregation and disposal in accordance with laws.

HIC.4: The ambulatory care facility has a system of use of the Personal Protective Equipment (PPE).

HIC.6: The ambulatory care facility has a documented procedure for general cleaning and disinfection.



Thank you

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