**QAI CAHSC 009**

**Quality and Accreditation Institute**

**Centre for Accreditation of Health & Social Care**



Change Adapt Improve

**ASSESSOR GUIDE**

**Issue No.: 05 Issue Date: July 2023**

**CHANGE HISTORY**

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| **Sl. No.** | **Doc No.** | **Current Issue No.** | **Revised Issue No.** | **Date of Issue** | **Reasons** |
| 1. | CAHSC 009 | 1 | 2 | December 2019  (26 December 2019) | Changes made in the Declaration of Impartiality, Confidentiality & Integrity, Trainee Assessor term changed to Observer, decision rule corrected |
| 2. | CAHSC 009 | 2 | 3 | March 2022  (28 March 2022) | Added remote and hybrid assessments |
| 3. | CAHSC 009 | 3 | 4 | July 2023  (08 July 2023) | Point 5 added in Declaration of Impartiality, Confidentiality & Integrity |
| 4. | CAHSC 009 | 4 | 5 | July 2023  (28 July 2023) | Internal Review:  Added another point in reference to No gift policy.  Point 6 added in Declaration of Impartiality, Confidentiality & Integrity |
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1. **Introduction**

Quality and Accreditation Institute (QAI) provides third-party accreditation to health and social care organisations. For the purpose, experts in the field are trained as assessors. The accreditation assessment is carried out by a team of QAI Assessors, led by a Lead Assessor. The assessment is carried out systematically for comprehensive review of the quality and operational systems within the facility. The purpose of the assessment is to collect objective evidences for compliance of the accreditation standards.

This guide has been prepared based on the general practices followed by international bodies and the experience of experts. This document accordingly aims to:

1. Provide the guidance to the Assessors during the assessment of organisations.
2. Ensure uniformity in scoring
3. Ensure uniformity of assessment and reporting, and
4. Eliminate ambiguities or doubts about the interpretation of requirements(s).
5. **Role of Assessment Team**

The role of QAI Assessment team is to conduct on-site/ remote/ hybrid assessment of applicant/ accredited health care facility and provide the report to QAI.

The objective of the on-site/ remote/ hybrid assessment is to obtain evidence on compliance with respect to QAI standards, applicable laws and regulations and guidelines. Thus, the members of the assessment team would be required to exercise their scientific skills and form their opinion regarding extent of conformance with respect to accreditation criteria.

Notwithstanding the strength of the QAI system, the success of the accreditation scheme depends on the assessment team who performs on-site/ remote/ hybrid assessment and, thus, play a vital role in determining the credibility and value of the accreditation.

The assessment team consists primarily of Lead Assessor and Assessor(s). However, in some cases a technical expert may join the team to support on a specific area.  
Team members are required to maintain the confidentiality on the matters/ subjects related to applicant/ accredited health care facility.

* **Role of Lead Assessor**

Before the start of assessment, Lead Assessor shall prepare an assessment schedule in AF 1 which should include the sections/ areas/ activities to be assessed and assignment to various Assessors based on their expertise. The Observer should also be guided about the conduct of assessment. The Assessment Team must review the organisation’s documented Quality System to verify compliance with the requirements of QAI accreditation standards. Team should assess that the documented Quality System is implemented & effective, and record observations in AF 2. All Non-Compliance (NC) must be identified and reported in AF 3.

As a leader of the Assessment team, s/he would collect the reports and documents from all Technical Assessors including his/her own report and compile it. A consolidated statement of NCs raised during the Assessment shall be listed in AF 4. If, during assessment, a case of total system failure and gross negligence in technical aspects is noticed, the Lead Assessor will at the earliest inform QAI and elaborately bring it out in the Assessment summary (AF 4) of assessment report. S/He would finally summarise the conduct of Assessment and record the recommendations in AF 4. The Lead Assessor must sign all pages of the assessment report.

S/He must get an endorsement from the organisation and hand over a photocopy of the forms AF 3 and 4 to the organisation to enable them to take corrective actions.

The Lead Assessor is also required to monitor the performance of Assessor(s) and the Observer. S/He shall recommend whether the Observer is capable to perform the role of an Assessor in his next visit. His/her comments/ rating for each Assessor shall be enclosed with the report.

* **Role of Assessor**

The Assessor should clearly understand the areas/ activities to be assessed by him/her. S/He must review the organisations documented system to verify compliance with the requirements of QAI standards. S/He should assess to verify that the documented SOPs, and records are indeed implemented & effective, as described and record observations in AF 2. S/He should assist Lead Assessor in completing the Checklist. The report should be handed over to the Lead Assessor.

* **Role of Technical Expert**

The role of Technical Expert is same as of an Assessor. S/He will provide technical assistance to the team and s/he will seek guidance of Lead Assessor in filling the relevant forms.

* **Role of Observer**

The Observer will be assigned to accompany the Lead Assessor as per the schedule provided to him/her. The Lead Assessor shall guide him. S/He is not involved in assessment directly but supports the assessment as assigned by the Lead Assessor. S/He is not entitled for payment of any honorarium.

1. **Review of Self-Assessment Tool Kit and Documents**

Assessment Team appointed shall be responsible for review of self-assessment tool kit and other documents. The Lead Assessor shall inform QAI regarding inadequacies, if any. The organisation shall address to the inadequacies pointed out by the Lead Assessor in their documentation and take the necessary actions.

1. **On-Site/Remote/Hybrid Assessment**

An assessment team is constituted to carry out the on-site/remote/hybrid assessment of the applicant/ accredited health care facility. The constitution of the assessment team shall depend on the type and activities of the organisation.

The assessor(s) and the names of their organisations from which they belong are intimated to the organisation for seeking their consent. QAI also assures that the team does not have any conflict of interest with the applicant/accredited organisation. QAI also ensures that assessors do not have any direct/ in-direct relationship with the organisation or they/ or their organisation.

Consent is obtained for the date(s) of the assessment of the organisation from the Lead Assessor and other assessors accompanying for the assessment. A written communication is sent to all the team members with the following documents:

* Application form of the organisation
* Self-Assessment tool kit and referenced documents
* Corrective action report, if any
* Confidentiality form (QAI I&C 01)
* Travel expenditure form

Assessment Team shall meet and plan assessment programme. This shall include the distribution of work amongst the Assessors. The format of the assessment schedule to be finalised is given at AF-1.

* 1. **Opening Meeting**
* Lead Assessor and the team shall have an opening meeting with organisation representatives where they get acquainted with the organisation, departments/ sections and their locations.
* The Lead Assessors shall explain in his/her opening remarks that the object of the assessment is to assess the work of the organisation according to the QAI standards. S/He shall make it clear as to what is expected from the organisation during the assessment.
* The Lead Assessor shall present the assessment schedule (AF 1) to organisation representatives. The organisation will be requested to assign guide/ co-coordinator to accompany each Assessor.
* The Lead Assessor shall inform the organisation that the assessment team shall not be approached by the organisation for closure of non-conformities while the assessment is in progress. Non-conformities may be closed while the assessment report is being compiled.  
  1. **Assessment**

The assessment activities include:

* The Assessment Team shall proceed to various sections/ activities of the organisation as planned earlier.
* The Assessor(s) should verify the effectiveness of Quality System and related documents using audit techniques. The Assessor shall use AF 2 to record the findings.
* The Assessor(s) should also thoroughly examine the technical competence of the organisation in terms of manpower, qualification, experience, up to date knowledge, equipment and other related elements.
* The object of assessment is to ascertain by observations of the activities whether the work of the organisation is being carried out in accordance with the ‘QAI Standards’. Assessor shall record detailed non-conformance as they occur on AF 3. Assessment team shall score each criterion as per following guidelines:

Each criterion to be scored based on the compliance achieved as per below. There are 4 possible outcomes i.e. 10/5/0/NA.

1. Compliance to the requirement: 10 (70 or >70% samples complying)
2. Partial compliance to the requirement: 5 (30 to 69% samples complying)
3. Non-compliance to the requirement: 0 (<30% samples complying)
4. Not Applicable: NA (There may be a possibility that some of the standard/criterion is not relevant to a specific type of centre based on its services, so that standard/criterion

While scoring a criterion related to regulatory/ legal requirement, it is to be either zero or 10 as it cannot be partial compliance.

After each criterion is scored, average of all criteria is taken to get the score of that particular standard.

After each standard is scored, average of all standards is taken which gives the score of that particular Chapter.

Then, average of all chapters is calculated.

* 1. **Compilation of assessment report**

The Assessment Report should consist of various documents in the order as indicated in AF 4. Each form or checklist should be carefully filled in. The pages should be serially numbered.

Lead Assessor shall compile the observations from the assessors (AF 2) and summary on non-compliance (AF 3) from all the assessors.

The Lead Assessor shall give the summary of the assessment in his final report (AF 4). The reports shall be signed by the authorised signatory of the organisation.

In addition to the above, Lead Assessor in consultation with the team members shall complete the scoring for each criterion in the self-assessment tool submitted by the health care facility. This self-assessment tool with scores along with report is to be sent to the QAI Secretariat.

**4.4 Evaluation Criteria for Accreditation Decision:**

Following criteria is used for accreditation decision:

* No zero is accepted in any criterion related to the regulatory/ legal requirements.
* The average score for individual standard must be ≥5.
* The average score for individual chapter must be ≥7.
* The overall average score for all chapters must be >7.

**In addition to meeting minimum scoring as above, health care facility shall submit corrective actions within 90 days** **to address non-compliances/ partial compliances which must be accepted by the Accreditation Committee/ Secretariat in order to be accredited/ certified. In case, centre could not achieve minimum scoring, they need to work towards achieving the score and verified on-site.**

**ASSESSMENT SCHEDULE - AF 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name & address of the health care facility:** | | | | | | | | | |
| **Person Coordinating with QAI:** | | | | | **Date(s) of Visit:** | | | | |
| **Type of Visit:** Assessment / Re-Assessment / Surveillance | | | | | | | | | |
| **Accreditation/ Certification Standards for Assessment**: | | | | | | | | | |
| **Assessment Timings** | | **Opening/Closing Meeting** Date/Time | | | | | **Daily Debriefing**  Date / Time  (at the end of each day) | | |
| Morning: to  Afternoon: to | | Opening Meeting:  Closing Meeting: | | | | | Day 1:  Day 2:  Day 3: | | |
|  | | | | | | | | | |
| **Assessment schedule:** Lead Assessor to provide details of activities taken up by individual assessors/ technical expert in the following format and obtained their signature.  (Separate sheets may be used for individual assessors) | | | | | | | | | |
| **Name and Expertise**  **of the Assessor** | Schedule of Department/ Section/ Activity to be Assessed (date wise) | | | | | | | | |
| Day 1 | | | Day 2 | | | | Day 3 | |
| Morning | | Afternoon | Morning | | Afternoon | | Morning | Afternoon |
| **Lead Assessor** |  | |  |  | |  | |  |  |
| **Assessor 1** |  | |  |  | |  | |  |  |
| **Assessor 2** |  | |  |  | |  | |  |  |
| **Assessor --** |  | |  |  | |  | |  |  |
| **Trainee Expert/ Observer** |  | |  |  | |  | |  |  |
| Signature of Lead Assessor | | | | | | | | | |

**ASSESSOR’S OBSERVATIONS - AF 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of health care facility**: | | | |
| Date: | | Area/Services: | Activity Assessed: |
| Auditee: | | | |
|  | | | |
| **Sl.** | **OBSERVATION** | | **REMARKS** |
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| Signature & Name of Assessor | | | |

###### **ASSESSOR’S SUMMARY ON NON-COMPLIANCE - AF 3**

|  |  |  |
| --- | --- | --- |
| **Name of health care facility:** | | |
| Date: | Type of Assessment: Assessment / Re-Assessment / Surveillance | |
| **NON-COMPLIANCE (NC) RAISED:** | | |
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| Signature & Name of Organisation/ Representative | | Signature & Name of Assessor |

## SUMMARY OF THE ASSESSMENT - AF 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health care facility name & address:** | | | | |
| **Person Coordinating with QAI:** | | | | Date(s) of Visit: |
| Type of Visit: Assessment / Re-Assessment / Surveillance | | | | |
| Lead Assessor: | | Assessor 1: | | |
| Assessor 2: | | Assessor 3: | | |
| Other/TE: | | Observer: | | |
| Date of earlier visit and Purpose: |  | | | |
| **ASSESSMENT SUMMARY:** | | | | |
| Acknowledgement by Authorised Signatory of health care facility & Date | | | Signature of Lead Assessor & Date | |

**DECLARATION OF IMPARTIALITY, CONFIDENTIALITY & INTEGRITY**

(to be filled in by each Assessor and enclosed with the Assessment report)

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Assessor ID:**  (To be filled in by QAI Sect.) |
| **Designation** |  | |
| **Organisation** |  | |
| **Address** |  | |
| **Capacity** | Lead Assessor / Assessor / Technical Expert / Observer | |
| **Health care facility Assessed** |  | |
| **Date of visit(s)** |  | |
| **Type of visit** | Assessment / Surveillance / Re-Assessment/Any Other | |

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **hereby declare that**

1. I have not offered any consultancy, guidance, supervision or other services to the Health Care Facility (HCF) in any way.
2. I am not an ex-employee of the HCF in the last three years and am not related to any such person of the management which can lead to impartiality issues.
3. I will declare to the Secretariat my and/ or my immediate family’s association with any of the HCF that can affect the impartiality of the assessment process. I shall also keep the Secretariat informed about changes in the status of my association with the HCF before every assignment.
4. I got an opportunity to go through various documents of the above HCF and other related information that might have been given by QAI. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by QAI.
5. By signing this declaration, I am also confirming that all documents (electronic/ paper copy) related to this HCF shall be deleted/ destroyed and nothing shall be retained after submission of the assessment report.
6. By signing this declaration, I am also conforming to abide by the ‘Policy of Zero Tolerance-QAI CAHSC 048’. (Please read the policy before signing this declaration)

\* Strike out which is not applicable

|  |  |
| --- | --- |
| Date:  Place: | Signature |

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