6. Excellence in Quality (beyond Accreditation)

Assessment criteria for Excellence in Quality

1. **Leadership and Governance**

   a) Those responsible for governance lay down Vision and Mission Statement of the organization which is reviewed at pre-determined intervals and communicated at all levels as appropriate.
   b) The organization maps the future, ensure alignment with strategic vision, and develop long-term strategies to achieve goals
   c) The organization creates a positive and productive organizational culture
   d) Those responsible for governance ensure all applicable legal compliances are in place and there is a mechanism to track the legal requirements.
   e) The organization identifies potential risks to the company and ensure it has systems in place to mitigate them
   f) Talent Management is an integral part of the organization to ensure the right people are in the right roles to effectively drive the strategic plan
   g) Those responsible for governance inform the public of the quality and performance of services.
   h) The organization has an ethical management framework which includes processes for managing issues with ethical implications, dilemmas and concerns.
   i) There are systems and processes in place for change management.
   j) The organisation takes initiatives towards an energy- efficient and environmentally friendly hospital.
   k) The organisation protects and respects patient and family rights and violation of patient rights are reported
   l) Organisation's current and future ability to meet the care, treatment and service needs of the patient is an integral part of human resource planning.
   m) There is a structured training programme and evaluation of training effectiveness is done by the organisation.
   n) The organisation implements acuty-based staffing to improve patient outcomes.
   o) Effectiveness of hospital committees are monitored by the organization
   p) Before construction, renovation and expansion of existing infrastructure, risk assessment is carried out.
   q) Resource utilization—There is optimized use of personnel, physical space, and other resources

2. **Clinical Effectiveness**

   a) Clinical protocols are defined to provide effective, efficient and consistent care
   b) After initial assessment, the care plan includes the identification of special needs regarding care following discharge
   c) The quality assurance program of lab addresses the clinico-pathological meeting(s).
   d) The quality assures program of radiology addresses the clinic-radiological meeting(s).
   e) The organization has a mechanism in place to monitor whether an adequate clinical intervention has taken place in response to a critical value alert for lab and radiology reports
   f) The organization has a process for informing various stakeholders in case of a near miss / adverse event/ sentinel event.
   g) There is an updated formulary in the organization and the clinicians adhere to the current formulary
   h) The organization implements an antibiotic stewardship program
   i) There is a designated safety officer/(s) who coordinates implementation of the clinical aspects of the patient -safety program
   j) There is Shared decision making through patient-clinician collaboration on care plan
   k) There is a Clinical Audit Program, outlining audit requirements for all clinical areas.
   l) The Clinical Audit Program identifies risks, ensures compliance and engagement with team members, plus non-conformance reporting, corrective action, and preventative action
   m) The organization has a Clinical Review Committee do discuss morbidity and mortality cases

n) Credentialing and privileging of all clinical staff is done by the organization

o) The organization conducts regular CMEs for updation of knowledge and skills by the physicians

p) Key indicators of clinical performance are evaluated and responded to.

3. Institutionalizing Quality Culture

a) There is commitment and involvement of all stakeholders including clinicians in Quality & Patient Safety

b) After initial assessment, the care plan includes the identification of special needs regarding care following discharge

c) The organisation conforms to the defined timeframe for discharge and makes continual improvement.

d) The organisation has a process for informing various stakeholders in case of a near miss / adverse event/ sentinel event.

e) Organisational Chart reflects reporting and communication channels for quality and safety.

f) The organisation performs proactive analysis of patient safety risks and makes improvements accordingly.

g) The organisation has a mechanism to capture patient reported outcome measures (PROM).

h) The management uses the feedback obtained from the workforce to improve patient safety and quality improvement programme.

i) Organization has identified key indicators to monitor the clinical and managerial processes and outcomes, which are used as tools for continual improvement. Hospital is **required to show through trend analysis (last 2 years), continual improvement initiatives**.

j) Use of data analytics/statistical and management tools, such as 7-QC tools,5- S, FMEA, LEAN Health, Six Sigma etc. to improve and sustain delivery of quality care

k) There is objective evidence that corrective actions are taken and implemented.

l) Periodic reports generated with these indicators are reviewed by the Top Management.

m) Any quality initiative taken or quality improvement plan implemented by the organization in any area/department (give evidence)

4. Innovation and Technology Deployment

a) The organization foster a culture of innovation across the organization to gain and retain competitive advantage

b) The organization stays informed about emerging technologies relevant to the services provided by the hospital

c) The organization oversees the implementation of new technologies

d) The organization encourages interdepartmental collaboration for innovative solutions and creative problem solving

e) The organization has implemented EMR and HMS and adheres to best IT practices

f) The organization leads digital transformation initiatives and promotes digital health in clinical areas.

g) The organization anticipates and plan for potential technological disruptions

h) Any innovative strategy adopted by the organization in any of the area/department (give evidence)

i) Could you list one program each from diagnostic, preventive and curative, that you consider as innovative by giving justification for their being innovative.

j) The organisation provides telemedicine services to its patients as per defined protocols

5. Patient and Community Engagement

a) Provide brief write up on hospital's policy for Community Engagement/CSR activities

b) Explain if Hospital have separate budget earmarked for community engagement

c) Give details of community engagement for promoting good health by way of clean environment, safe drinking water, sanitation etc.

d) The organization provides education, counselling and information to community partners and priority population on variety of topics (breast feeding, anaemia, adolescent health, safe sex, vitamin A and D deficiency, stroke, cardiac care, healthy eating and life style etc.) for health promotion, health protection and disease prevention and control

e) The organisation balances the drive for profit with the need for ethical and sustainable operations to fulfil corporate social responsibility