Wadia Hospitals

BAI JERBAI WADIA HOSPITAL FOR CHILDREN

ACCREDITATION WING

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Wadia Hospitals	
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Prepared by	Designation: Protocol & Liaison Officer Signature:
Reviewed by	Designation: Chair Technical Committee Signature:
Approved by	Designation: CEO Signature: M.A. Bodkhawala

Introduction

Accreditation of a Neonatal Intensive Care Unit (NICU) is essential to ensure high standards of care for vulnerable newborns. This guide outlines the steps necessary for NICU accreditation, focusing on key standards, preparation, and ongoing compliance.

1. **Understanding NICU Accreditation**

   1.1. What is NICU Accreditation?

   NICU accreditation is a formal recognition that a unit meets specific standards for providing specialized care to critically ill or premature infants. Accreditation helps ensure that the NICU adheres to best practices in neonatal care.

   1.2. Importance of NICU Accreditation

   1.2.1. Enhanced Patient Safety: Establishes protocols to minimize risks and improve outcomes.

   1.2.2. Quality Improvement: Drives initiatives to continually improve care processes.

   1.2.3. Staff Competency: Ensures that healthcare professionals are trained in neonatal care.

   1.2.4. Family-Centered Care: Promotes practices that involve families in the care process.

2. **Preparing for NICU Accreditation**

   2.1. Obtain a copy of the standards and conduct a self-assessment: Conduct a thorough assessment of current practices against the accrediting body's standards. Identify Areas for Improvement. Highlight deficiencies and prioritize them for resolution.

   2.2. Action Plan Development: Set Clear Objectives. Establish measurable goals with specific timelines. Assign responsibilities, designate team members for specific tasks, such as policy development and staff training.

   2.3. Staff Training and Education: Implement training sessions on NICU standards, protocols, and family-centered care practices. Encourage teamwork among physicians, nurses, and support staff to enhance care coordination.

   2.4. Documentation and Policies: Develop NICU-Specific Protocols. Create detailed protocols covering patient care, safety, infection control, and emergency procedures. Maintain Accurate Documentation. Ensure all clinical and operational documentation is complete and up to date.

   2.5. Quality Improvement Initiatives: Regular Audits and Conduct ongoing audits of care practices to identify areas for improvement.

   2.6. Mock Surveys: Conduct mock surveys to familiarize staff with accreditation processes and standards.

3. **Completing the Self-Assessment Toolkit and rating score:**

3.1. When preparing for NICU accreditation, completing the Self-Assessment Toolkit and rating scores is a vital step in evaluating your unit's adherence to required standards.

3.2. To begin, healthcare organizations should obtain the accreditation standards and thoroughly review them to understand the specific criteria that must be met.

3.3. Next, use the Self-Assessment Toolkit to score each standard, each standard should be rated based on its level of compliance.

3.4. The rating scale used for self-assessment and surveys aligns with a scale of 0, 5, and 10. Organizations and surveyors are asked to rate measurable elements as follows:

3.4.1. Fully Met: 10 - The majority of requirements are in place (70 – 100%), and there are no recommendations. However, opportunities for improvement may be suggested.

3.4.2. Partially Met: 5 - Not all requirements are in place (between 50 - 69%), and there are identified recommendations for those not met.

3.4.3. Not Met: 0 - Few requirements are in place (under 49%) and have not been met. Recommendations are provided for those not in place.

3.4.4. Not Applicable: Agreed in advance of the survey, standards and/or requirements are deemed not applicable to the facility.

3.5. Prioritize corrective actions, ensuring that improvements are made before the formal accreditation survey. Refer to the accreditation criteria section of the guidebook to understand the decision of accreditation.

4. **The Accreditation Process:**

Sl. No	Accreditation steps	Approx. time line
1	Submission of application (along with fee amount) + self- assessment toolkit + documents	30 Days from registration
2	1) Acknowledgement letter sent along with unique reference no.	Within 4 days of receiving application form and fees
3	**Pre-Assessment**	Within 15 days of application
4	Take corrective action including Cycle 1 & Cycle 2 and send report (includes review of assessor on the CAPA taken).	Within 100 days of pre-assessment
5	**Final assessment**	Within 15 days of application

6	Take corrective action including Cycle 1 & Cycle 2 and sendreport (includes review of assessor on the CAPA taken).	Within 100 days of final assessment
7	Review by accreditation committee	Within 30 days of Closureof CAPA of Final Assessment
8	**Verification Assessment** (if decided by AC)	Within 1 month
9	**Accreditation Granted or Otherwise**	
10	**Surveillance Assessment**	At 24 months from the dateof award of Accreditation for 4 yr cycle
11	Take corrective action including Cycle 1 & Cycle 2 and sendreport (includes review of assessor on the CAPA taken).	Within 60 days of surveillance visit
12	Review by accreditation committee	Within 30 days of Closureof CAPA of SA
13	**Accreditation Continued or Otherwise**	
14	Application for Renewal of Accreditation (including the completeness of application form with relevant documents)	Before 6 months of expiryof accreditation
15	**Reassessment**	Anytime from date of application for renewal and before expiry of accreditation
16	Take corrective action including Cycle 1 & Cycle 2 and send report (includes review of assessor on the CAPA taken).	Within 100 days of renewal assessment
17	Review by accreditation committee	Within 30 days of Closureof CAPA of RA
18	**Accreditation / Certification Renewed**	

5. **Survey Team:** The survey team will comprise of a two member team. The members may include neonatologists/paediatricians, nurses, administrators, quality specialists. During the accreditation survey, this team conducts comprehensive evaluations, including on-site inspections, observing clinical practices and patient interactions. Interviews with staff, families, and patients to gather insights about care delivery. Review of documents, policies, medical records to assess adherence

to protocols and standards. The team shall prepare a report, rate the compliance on the score sheet and submit the same.

6. Accreditation Criteria

6.1. Zero Score Limit: Each standard within the accreditation criteria must not have more than one objective element scored as zero. This ensures that while some elements may need improvement, they do not overshadow the overall compliance of the standard.

6.2. Minimum Standard Average: The average score for each individual standard should not fall below 5. This requirement ensures that even if certain elements within a standard are not fully met, the overall compliance level remains above a minimum threshold.

6.3. Chapter Average Threshold: The average score for each individual chapter, comprised of multiple standards, must not be lower than 7. This indicates a higher level of compliance and performance within each thematic area covered by the chapters.

6.4. Overall Average Requirement: To achieve accreditation, the overall average score for all standards combined must exceed 7. This overarching standard ensures a consistently high level of compliance across all aspects evaluated, reflecting a commitment to quality and excellence throughout the organization.

7. Post-Accreditation

7.1. Analyze Survey Results: Review the accreditation findings and identify necessary corrective actions.

7.2. Feedback: Provide feedback on the survey process and standards

7.3. Continuous Compliance: Regularly update staff training to reflect current best practices. Continuously monitor compliance with accreditation standards and implement necessary adjustments.