

2019

Accreditation Framework for

Management and Governance

of Medical Teaching
Institutions

Policy Board
Government of KPK



Table of Contents

Introduction	3
Standards	5
Accreditation Methodology	23
Baseline Evaluation.....	23
Training and Orientation	23
Plan for Compliance.....	23
Evaluation Methodology.....	23



Introduction

Policy Board of Medical Teaching Institutions (MTIs) highly values patient safety and quality of healthcare delivery in the MTIs. It recognizes that medical errors and patient harms are a global phenomenon and it can only be avoided by developing strong healthcare delivery systems.

Safe and quality patient care requires effective leadership – and effective leadership begins with understanding responsibility of the leadership for provision of this safe and quality care. Leadership has been found to be a critical factor in safety related initiatives across various industries, including healthcare.

For this purpose, the Policy Board is notifying the accreditation framework for Management and Governance of the Medical Teaching Institutions. This framework provides an expectation of minimum performance level by the governance and leadership in all MTIs. The expectations are documented in this framework in the form of standards and measurable elements.

This framework has the following sections:

1. **Standards:** This section describes the minimum performance level expected from the MTI. For each standard, measurable elements are identified – specifying the evaluation mechanism for each standard.
2. **Accreditation Methodology:** This section describes how the standards are evaluated in an MTI.
3. **Scoring:** This section describes how standards are scored during the accreditation process.
4. **Baseline Evaluation:** This section identifies how an MTI can perform baseline evaluation for identifying its standing against the standards.
5. **Training and Orientation:** This section identifies the different types of trainings that each level of governance and leadership must have gone through to understand the requirements of the standards and their effective implementation
6. **Planning for Compliance:** This section identifies how planning process can be performed for ensuring that gaps identified during baseline evaluation are addressed.

Section 1

STANDARDS



For any institute, quality and patient safety depend on effective leadership by the Board of Governors and management, including hospital director, medical director, dean, nursing director, finance director and other departmental heads. The governing body is the ultimate responsible for the quality and safety of health care services and teaching provided by the MTI.

Standards

MG.1: The MTI has an effective governing body.

- MG. 1.1. There is a board of governors that fulfills its main roles for mission and strategy setting as well as performance evaluation and oversight on the MTI processes and outcomes in line with MTI Act¹.
- MG. 1.2. The board of governors has its organization, membership, roles and responsibilities, meetings procedure, performance evaluation, and committees defined in written bylaws or a similar document as per MTI Act².
- MG. 1.3. The board of governors' responsibilities reflect its ultimate accountability for the quality of care and patient safety as prescribed in MTI Act³, and include the following:
 - MG. 2.3.1. Working together with the senior management and institute leaders to create and regularly review the institute's mission, vision, and values.
 - MG. 2.3.2. Appointing a qualified Dean, Hospital Director, Medical Director, Nursing Director and Finance Director.
 - MG. 2.3.3. Evaluating on a regular basis the performance of the Dean, Hospital Director, Medical Director, Nursing Director and Finance Director.
 - MG. 2.3.4. Ensuring that the MTI has an effective organizational structure displayed in an organizational chart that shows the titles (or names) and the reporting relationships.
 - MG. 2.3.5. Approving the scope of services provided by the hospital(s).
 - MG. 2.3.6. Approving the institute's strategic plans.
 - MG. 2.3.7. Approving the institute's operational / business plans.
 - MG. 2.3.8. Approving the institute-wide policies and procedures.
 - MG. 2.3.9. Review and approve major transactions
 - MG. 2.3.10. Monitoring, evaluating, and continuously improving the outcome of the quality and patient safety plans and programs.
 - MG. 2.3.11. Approving the medical staff bylaws.
 - MG. 2.3.12. Overseeing the process for appointment of members of medical staff
 - MG. 2.3.13. Approving the annual budget of the institute.

¹ MTI Act: Board of Governors

² MTI Act: Board of Governors

³ MTI Act: Functions and Powers of the Board



- MG. 2.3.14. Ensuring the provision of adequate resources (e.g. manpower, financial resources, and medical supplies)
- MG. 2.3.15. Defining and approving delegations of authority.
- MG. 2.3.16. Appointment of persons to the Management Committee of the MTI on the recommendations of Dean
- MG. 1.4. The governing body meets regularly and adequate minutes of the proceedings are maintained.



MG.2: A qualified Dean, Hospital Director, Medical Director, Nursing Director and Finance Director are responsible for managing the MTI.

- MG. 2.1. For day to day management of the MTI, Dean, Vice-Dean, Hospital Director, Medical Director, Nursing Director and Finance Director are appointed
- MG. 2.2. The Dean heads the Academic Council consisting of the heads of all the Medical School departments and two faculty members elected by the faculty – one each from the basic and clinical science faculties.
- MG. 2.3. The Dean heads a Management Committee with at least membership of:
 - MG. 2.3.1. Hospital Director
 - MG. 2.3.2. Medical Director
 - MG. 2.3.3. Nursing Director
 - MG. 2.3.4. Finance Director
 - MG. 2.3.5. Two persons nominated by the Board of Governors on recommendation of the Dean
- MG. 2.4. The Management Committee:
 - MG. 2.4.1. Appoints or terminate employees at the MTI
 - MG. 2.4.2. Reviews and recommends budget for approval to the Board of Governors
 - MG. 2.4.3. Coordinates efforts to achieve the compliance with relevant standards applicable on MTI
 - MG. 2.4.4. Submits quarterly report to the Board of Governors on the management, financial management and clinical services of MTI.
 - MG. 2.4.5. Recommend to the Board of Governors change in scope of services at MTI.
 - MG. 2.4.6. The Management Committee ensures appropriate response to reports or enquiries from relevant authorities including policy board and accreditation or certification agencies.
- MG. 2.5. The Medical Director develops a plan for clinical excellence for all clinical departments of the MTI
- MG. 2.6. The Medical Director develops and implements policies for timely and appropriate management of patients
- MG. 2.7. The Medical Director develops the clinical budget
- MG. 2.8. The Medical Director performs clinical governance functions for quality control by:
 - MG. 2.8.1. Identifying priority clinical areas for improvement and develops plans for improvement
 - MG. 2.8.2. Develops quality indicators for each clinical department, reviews data and implement steps for addressing deficiencies
 - MG. 2.8.3. Develops clinical pathways for standardization of service in the MTI
- MG. 2.9. The Medical Director heads a Clinical Executive Board, which is responsible for



- MG. 2.9.1. Ensuring that the credentialing and privileging process is followed for all medical staff of the MTI
- MG. 2.9.2. Reviewing any current clinical hospital wide clinical problems,
- MG. 2.9.3. Monitoring and ensure the highest quality of medical care at the MTI
- MG. 2.9.4. Advising the departments on the development of clinical indicators
- MG. 2.9.5. Plan future clinical development and programs for the hospital(s)
- MG. 2.9.6. It will recommend corrective actions for individuals and departments
- MG. 2.10. The Hospital Director prepares the annual budget of the MTI
- MG. 2.11. The Hospital Director prepares the business plan of the MTI
- MG. 2.12. The Hospital Director develops facility management and maintenance program of the MTI
- MG. 2.13. The Hospital Director heads a Hospital Executive Committee consisting of the Heads of all the departments under his/her authority, including Nursing, which is responsible for
 - MG. 2.13.1. Resolving issues with hospital's non-clinical functions such as space, building maintenance, information services, procurement and materials management, patient flows, parking, etc.
 - MG. 2.13.2. Meeting on monthly basis minimum.



MG.3: MTI leaders⁴ ensure the MTI is in compliance with relevant laws and regulations.

MG. 3.1. MTI leaders identify all relevant laws and regulations.

MG. 3.2. MTI leaders ensure compliance with all relevant laws and regulations⁵

MG.4: MTI leaders work collaboratively to develop and enhance the MTI's scope of services.

MG. 4.1. MTI leaders identify the scope of services provided by the institute.

MG. 4.2. The scope of services includes the range of services offered by the institute (e.g., pediatrics, ob/gyn, medicine, surgery, etc.)

MG. 4.3. The scope of services includes the targeted age groups.

MG. 4.4. The scope of services includes the number of patients seen annually.

MG. 4.5. The scope of services includes the principal diagnostics and therapeutic modalities used in the institute.

MG. 4.6. The scope of services is approved by the governing body

⁴ MTI Leaders include Dean, Medical Director, Hospital Director, Nursing Director, and Finance Director at minimum. For relevant standards, it may also include heads of clinical and administrative departments.

⁵ For example, laws and regulations related to but not limited to: recruitment, professional staff licensure and registration, waste management, food management, infection control, medications management, patient rights, radiation safety, and physical environment



MG.5: The MTI administrative work and day to day operations are consistent and organized

- MG. 5.1. The institute's work is guided by manual(s) that contains all important institute-wide guiding administrative policies and principles.
- MG. 5.2. The contents of the manual(s) are communicated with and made accessible to the institute's staff through paper-based or electronic means.
- MG. 5.3. Contents of manual(s) reflect the general organization of the institute work and include, but are not limited to, the following:
 - MG. 5.3.1. A brief general description of the institute.
 - MG. 5.3.2. Vision, mission and values.
 - MG. 5.3.3. Organizational chart.
 - MG. 5.3.4. Scope and organization of services.
 - MG. 5.3.5. Standing meetings and committees.
 - MG. 5.3.6. Staff code of conduct and ethics.
 - MG. 5.3.7. Conflict of interest.
 - MG. 5.3.8. Admission/Discharge/Referral/Transfer.
 - MG. 5.3.9. Visiting times.
 - MG. 5.3.10. Smoking policy.
 - MG. 5.3.11. Parking policy.



MG.6: The MTI work, planning, and goals setting are guided by a clear vision and mission

- MG. 6.1. The MTI has a clearly stated vision and mission statements in line with the MTI Act⁶.
- MG. 6.2. The vision and mission are communicated to the MTI staff.
- MG. 6.3. The vision and mission are displayed to patients, visitors, and the wider community.
- MG. 6.4. The mission reflects the scope of services provided by the institute, the health needs of the population served and medical education provided by the MTI.
- MG. 6.5. The mission and vision are regularly reviewed and modified as appropriate

MG.7: The MTI work, planning, and goals setting are guided by a set of values and professional code of conduct.

- MG. 7.1. MTI leaders collaboratively develop the hospital's set of values and the code of conduct.
- MG. 7.2. The professional code of conduct describes the institute's expectations of the staff regarding their behavior and communication with each other and with their patients and other external customers.
- MG. 7.3. The professional code of conduct includes a process to handle inappropriate behaviors of the institute staff.
- MG. 7.4. The professional code of conduct includes a process to resolve conflicts among staff and between staff and external customers.

⁶ MTI Act: Objects of the Medical Teaching Institutions



MG.8: MTI leaders work collaboratively to establish medical and non-medical MTI-wide committees that support integration of services and communication amongst staff

- MG. 8.1. There is a policy and procedure that addresses the formation of MTI-wide committees, conduct and communication amongst the committee members, committee's recommendations approval process, and annual review of accomplishments.
- MG. 8.2. Medical committees provide oversight on specific areas of responsibilities that include:
 - MG. 8.2.1. Pharmacy and therapeutics.
 - MG. 8.2.2. Morbidity and mortality.
 - MG. 8.2.3. Infection control.
 - MG. 8.2.4. Cardio pulmonary resuscitation.
 - MG. 8.2.5. Credentialing and privileging.
 - MG. 8.2.6. Operating room.
 - MG. 8.2.7. Tissue review.
 - MG. 8.2.8. Blood utilization review.
 - MG. 8.2.9. Quality and patient safety.
 - MG. 8.2.10. Medical records review.
 - MG. 8.2.11. Patient rights.
 - MG. 8.2.12. Utilization review.
- MG. 8.3. Non-Medical committees provide oversight on specific areas of responsibilities that include:
 - MG. 8.3.1. Finance
 - MG. 8.3.2. Human Resource and Remuneration
- MG. 8.4. Each committee has terms of reference that define:
 - MG. 8.4.1. Committee functions.
 - MG. 8.4.2. Chairperson and members with their titles.
 - MG. 8.4.3. Quorum.
 - MG. 8.4.4. How often the committee is expected to meet (at least quarterly unless otherwise specified in this manual).
 - MG. 8.4.5. Mechanism of disagreement resolution including when to resort for voting and members that are not allowed to vote.
 - MG. 8.4.6. Distribution of the minutes to the MTI management.
- MG. 8.5. There is an annual review of each committee's accomplishments and non-resolved issues submitted by the committee chair to the MTI management.
- MG. 8.6. Feedback from the annual review is studied by the committee and recommendations are implemented.



MG.9: MTI leaders drive effectively the quality improvement initiatives in the MTI.

- MG. 9.1. MTI leaders are familiar with the basic concepts and tools used in quality improvement, such as:
 - MG. 9.1.1. Basic data analysis and interpretation of quality reports.
 - MG. 9.1.2. Basic tools used in quality management (e.g., PDCA cycle).
 - MG. 9.1.3. Root cause analysis.
- MG. 9.2. MTI leaders participate actively in quality improvement plans and projects.
- MG. 9.3. Information about the quality and performance of the services offered (including the accreditation status) are communicated to the staff, governing body, public, community, and other customers in an appropriate format.

MG.10: MTI leaders work collaboratively to develop an effective planning process.

- MG. 10.1. The planning process includes soliciting inputs from patients and staff (e.g. feedback from patient satisfaction surveys and patients/staff complaints).
- MG. 10.2. The planning process is consistent with the MTI's mission and strategic directions.
- MG. 10.3. The planning process considers health needs of the local community.
- MG. 10.4. The planning considers environmental and financial factors and is consistent with the MTI's mission and strategic direction.
- MG. 10.5. The planning process ensures coordination and integration of services throughout the MTI and its subsidiaries.
- MG. 10.6. The planning process ensures efficient use of different resources through regular evaluation by MTI leaders against plans and budgets.
- MG. 10.7. The planning process considers the upgrade or replacement of buildings, equipment, and other resources.



MG.11: MTI leaders work collaboratively to develop an effective budgeting process

- MG. 11.1. The MTI has a finance director who is qualified by education and experience.
- MG. 11.2. MTI management work together to develop both the capital and the operating budgets.
- MG. 11.3. The budgeting process addresses the manpower in addition to other financial assets.
- MG. 11.4. The budgeting process of teaching hospital(s) allocates resources to all patient care units based on the scope and complexity of care, aiming to ensure a safe, efficient process.
- MG. 11.5. Annual budget is prepared separately for the medical college and for the affiliated teaching hospital(s) under the MTI.
- MG. 11.6. The medical college budget is forwarded to the Finance Committee for approval and submission to the Dean and Academic Council
- MG. 11.7. The teaching hospital(s) budget is forwarded to the Finance Committee for approval and to the Hospital and Medical Directors
- MG. 11.8. The budget is reviewed by the Management Council for approval
- MG. 11.9. The MTI's budget is approved by the governing body.
- MG. 11.10. The MTI has an effective budget-variance oversight mechanism in place, which takes place at least annually.

MG.12: MTI leaders work collaboratively to ensure the provision of a safe and quality care

- MG. 12.1. MTI leaders encourage the use of research, evidence, and best practice information to develop and improve patient care services.
- MG. 12.2. MTI leaders work collaboratively to develop and execute plans, policies, and procedures related to the patient care.
- MG. 12.3. MTI leaders work collaboratively to solve challenges, conflicts, and problems affecting the patient care.



MG.13: MTI leaders work collaboratively to develop the MTI strategic plan

- MG. 13.1. MTI leaders work together to develop a strategic plan that is guided by the mission, vision, and values.
- MG. 13.2. The strategic plan is based on comprehensive evaluation of the internal and external environmental factors (e.g., SWOT analysis, PEST analysis).
- MG. 13.3. The strategic plan addresses all clinical, non-clinical and teaching services and programs.
- MG. 13.4. The strategic plan spans over a period of 3 - 5 years and is reviewed on a regular basis.
- MG. 13.5. The strategic plan includes the broad goals and objectives required to fulfill the MTI's mission.
- MG. 13.6. Goals and objectives are translated into operational plans with defined projects, clearly delineated responsibilities, and time frames.
- MG. 13.7. Resources required for executing the operational plans are properly allocated.
- MG. 13.8. Operational plans are implemented and closely monitored for progress toward achieving the goals and objectives.
- MG. 13.9. Key performance indicators are developed for each component of the operational plan.
- MG. 13.10. Key performance indicators are reviewed regularly and corrective actions are taken when required.
- MG. 13.11. Heads of departments develop annual departmental plans in line with the MTI's strategic and operational plan.
- MG. 13.12. The strategic and operational plan is communicated to relevant staff.
- MG. 13.13. The strategic and operational plan is approved by the governing body.



MG.14: MTI leaders work collaboratively to plan for staffing needs, recruitment, and selection

- MG. 14.1. MTI leaders work together to develop institute-wide staffing plan(s).
- MG. 14.2. The staffing plan(s) defines the total number and categories of staff required by all departments and their qualifications.
- MG. 14.3. The staffing plan(s) ensures the services provided by staff meet the health care needs of the patients and teaching needs of medical students and trainees.
- MG. 14.4. The staffing plan(s) is consistent with the institute's strategic plan.
- MG. 14.5. The staffing plan(s) is reviewed at least annually.
- MG. 14.6. Institute leaders ensure a uniform and fair process for recruitment and hiring of new staff members.
- MG. 14.7. Heads of departments participate in the selection of new staff.

MG.15: Initiation of a new process or changing of an existing one is systematic and consistent throughout the MTI

- MG. 15.1. All internal and external customers⁷ of a new or modified process are identified.
- MG. 15.2. Customers' needs and feedback are addressed when designing a new process (e.g., new procedure, new practice guideline) or changing an existing one.
- MG. 15.3. MTI leaders ensure that the initiation of a new process or the changing of an existing one is always based on evidence, research, and best practice.
- MG. 15.4. MTI leaders assess new or modified processes for risk and safety issues.
- MG. 15.5. Whenever applicable, new or modified processes undergo pilot testing before their routine use.
- MG. 15.6. MTI leaders regularly evaluate new or modified processes through process and outcome indicators to ensure an optimal performance.
- MG. 15.7. MTI leaders ensure the provision of staff training on new or modified processes.

⁷ Process's Customer: The person(s) or entity whom a process affects or benefit



MG.16: The MTI has a policy for controlling the development and maintenance of policies and procedures for key functions and processes

- MG. 16.1. Policies are developed, approved, revised, and terminated by authorized individuals as per an approved mechanism.
- MG. 16.2. Policies are dated and are current.
- MG. 16.3. Policies are revised according to a defined revision due date (every 2-3 years, or when required).
- MG. 16.4. Policies are communicated to staff and are always accessible.
- MG. 16.5. MTI leadership ensures there is a process in place to ensure that new or updated policies are appropriately communicated to relevant staff.
- MG. 16.6. MTI leadership ensures there is a process in place to ensure that policies are always implemented.
- MG. 16.7. MTI leadership ensures there is a process in place to ensure that only the last updated versions of policies and other documents (e.g., organizational plans) are available for use in the institute.



MG.17: MTI leaders ensure the overseeing of contracts for clinical and administrative services

- MG. 17.1. Policies and procedures are in place to ensure the quality and safety of all contracted services.
- MG. 17.2. Policies and procedures indicate how to track and monitor all contracted services for quality and safety (within the institute premises and off-site).
- MG. 17.3. MTI leaders ensure that the contracts clearly state the services to be provided by the contracted entity.
- MG. 17.4. MTI leaders and other heads of departments participate in the selection, monitoring, and management of contracted services.
- MG. 17.5. MTI leaders ensure that contracted services and providers both meet applicable laws and regulations.
- MG. 17.6. MTI leaders ensure the services provided are consistent with the institute's quality and safety standards.
- MG. 17.7. The quality of services provided is always considered by MTI leaders before contract renewal.
- MG. 17.8. The process for contracts oversight is documented.

MG.18: MTI leaders ensure coordination of care during off duty hours

- MG. 18.1. The institute has qualified duty manager(s) with a clear job description to coordinate the care during off duty hours.
- MG. 18.2. The duty manager(s) has the resources required to function (e.g., efficient office space, information on vacant and occupied beds, authority to allocate beds between different specialties, authority to accept referrals from other institutes).



MG.19: MTI Leaders ensure there is a system for the safe management of medical supplies and device

- MG. 19.1. MTI leaders and relevant heads of departments identify all medical supplies and devices that are essential for the provision of a safe quality care.
- MG. 19.2. Suppliers of medical supplies and devices are qualified and carefully selected and evaluated.
- MG. 19.3. Medical supplies and devices are stored safely and in accordance with manufacturer's recommendations.
- MG. 19.4. Medical supplies and devices are protected against theft, damage, contamination, or deterioration.
- MG. 19.5. MTI leaders conduct regular inspections to ensure the safety of medical supplies and devices (e.g., storage conditions, integrity, contamination, expiration).
- MG. 19.6. MTI leaders respond to any adverse effects resulting from the use of medical supplies and devices through prompt investigation and the use of recurrence prevention measures.
- MG. 19.7. MTI leaders ensure the reporting of adverse effects resulting from the use of medical supplies and devices to the relevant regulatory authorities.
- MG. 19.8. The MTI has a process for safe segregation and disposal of expired, damaged, or contaminated medical supplies and devices.
- MG. 19.9. The MTI has a process to retrieve dispensed supplies and devices when recalled or discontinued by the manufacturer or relevant regulatory authorities for safety reasons.

MG.20: Each clinical, administrative and teaching department is directed by a qualified individual

- MG. 20.1. Each clinical, administrative and teaching department has an assigned department head.
- MG. 20.2. Qualifications, experience, and training of the appointed department head match the services provided by the department.
- MG. 20.3. When the department head is on leave or absent due to any other reason, a suitably qualified person is appointed as acting department head.



MG.21: The department head develops an organizational chart for the department.

- MG. 21.1. Each department has an organizational chart that clearly displays all sections/divisions within the department, titles (or names), lines of authority, accountability, and reporting relationships.
- MG. 21.2. The organizational chart is signed by the department head and approved by the MTT management.
- MG. 21.3. The organizational chart is communicated to the staff working in the department.

MG.22: The department head addresses all issues related to the customers of the department.

- MG. 22.1. The department head identifies all internal and external customers of the department (patients, families, students, visitors, staff, suppliers, and contractors).
- MG. 22.2. The department head has a mechanism for identifying and handling customers' needs and feedbacks (e.g., responding to complaints, satisfaction surveys).

MG.23: The department head ensures the work of the department is guided by a clear set of departmental policies and procedures

- MG. 23.1. The department head develops and maintains a manual for all relevant departmental policies and procedures.
- MG. 23.2. The department head collaborates with other department heads to develop multidisciplinary policies and procedures.
- MG. 23.3. The department head ensures and oversees the communication of policies and procedures to relevant staff and their implementation.



MG.24: The department head ensures sufficient resources and staffing are available for the delivery of safe and quality service

- MG. 24.1. The department head defines and requests the resources required by the department for a safe and quality service (e.g., space, equipment, supplies, staffing, and other resources).
- MG. 24.2. The department head provides a written departmental staffing plan that defines the number, type, and qualifications required for each position to fulfill the department's responsibilities.
- MG. 24.3. The department head defines the qualifications- education, training, experience, license, and any other relevant certification- required by all categories of staff in the department.
- MG. 24.4. The department head ensures the provision of orientation, training, and continuing education for the staff working in the department.
- MG. 24.5. The department head monitors the performance of the staff.

Section 2

METHODOLOGY



Accreditation Methodology

In order to evaluate an MTI on this framework, the policy board shall appoint inspectors who would evaluate the MTI based on a pre-defined checklist through an online electronic application.

However, before the actual accreditation, following steps are to be taken to provide support to the MTIs for effective implementation of the standards:

Baseline Evaluation

The standards will be shared with all the Board of Governors of MTIs. The Board of Governors and the management of MTIs shall perform a baseline self-evaluation. The baseline evaluation shall also include collection of evidence of compliance with each of the standard.

Training and Orientation

The Policy Board shall arrange for training and orientation for members of the Board of Governors and management of MTIs. The training shall focus on various means that can be adopted for compliance with the standards based on international best practices. Pertinent audience for the training shall include the members Boards of Governors, Deans, Medical Directors, Hospital Directors and Nursing Directors. Secretaries to the Board of Governors shall also be part of the training program.

Plan for Compliance

Once the leadership of the MTI are trained on the requirements and approaches to compliance, the MTIs shall be required to update the baseline evaluation performed. Moreover, a plan for compliance is to be required to be submitted to the Policy Board. The plan shall have to identify concrete steps that the MTI is planning to take, including the timelines for each of the step. This would give a clear timeline to the Policy Board for 100% compliance by the MTIs. A template for such plan is attached in Annexure A.

At the receipt of the plans, the Policy Board shall issue a calendar of the evaluation of the MTIs.

Evaluation Methodology




In order to evaluate an MTI on the standards, Policy Board shall nominate inspectors who will verify compliance. For the evaluation, the inspector will evaluate:

1. **Self-Assessment:** The inspector will identify whether the self-assessment done was comprehensive to encompass all the standards identified in the accreditation framework. Moreover, the inspector will identify whether the self-evaluation exercise was an effective and collaborative exercise where system gaps are identified.
2. **Plan:** The inspector will identify whether the plan for compliance is indeed based on the self-assessment. Moreover, the inspector will identify whether the tasks identified in the plan are completed in a timely fashion.
3. **Inspection:** The inspector will evaluate the compliance level of the MTI against each of the standard. The inspector, after going through the evidence of compliance for each of the standard, shall mark each standard as either:



- a. *Met*: When all the requirements of the standard are met
- b. *Partially Met*: When few of the requirements of the standard are met, but not all
- c. *Not Met*: When the requirements of the standards are not met.

Based on the results of the MTIs, each of the MTI shall be classified into the following categories:

Category	Description
 Green	MTI scores more than 90% on the evaluation by the inspector and is meeting timelines in the strategies identified in the improvement plan
 Yellow	MTI scores more than 60% on the evaluation but less than 90% by the inspectors and is meeting timelines in the strategies identified in the improvement plan. OR MTI scores more than 90% on the evaluation by the inspectors but is not meeting timelines in the strategies identified in the improvement plan.
 Red	MTI scores less than 60% on the evaluation by the inspectors.

ANNEXURE



#	Accreditation Standard	Deficiency Identified	Action(s)	Completion Date
1.	MG.4.4	The scope of services currently does not include the number of patients seen.	Gather data from MIS for number of patients seen per service	9 th August 2019
			Update the service plan documents for all departments	15 th August 2019
2.	MG. 19.1
	