

Five Signs Your Hospital Is Accreditation-Ready

A plain-language self-test for executive teams. *Mapped to the service areas that SafeCare and COHSASA actually survey.*

Accreditation surveys are rarely lost on clinical excellence. They are lost on the connective tissue — governance, documentation, risk, and whether the systems on paper are the systems in use. International standards built for real-world settings (SafeCare's 13 service areas across 824 criteria; COHSASA's Health Facility Standards) all probe the same five things. If your team can give a clean, evidenced answer to each, you are closer than most.

Sign 1 — Leadership owns quality (not just a quality department)

- Quality and patient safety are a **standing board/management-review agenda item**, with minutes.
- There is a current, **approved quality plan** with named owners and dates.
- The CEO can name the hospital's **top three patient-safety risks** without looking them up.

Sign 2 — The document system is alive

- Policies and SOPs are **version-controlled, in-date, and findable** at the point of care — not in a binder nobody opens.
- Staff use the **current** version (spot-check three wards; do they match?).
- Every critical clinical process has a written procedure **and** the people doing it can describe it the same way.

Sign 3 — Risk is managed before it's an incident

- An **incident/near-miss reporting** system exists and is *used* — reports are rising, not falling, because reporting is safe.
- Recent serious events have a **root-cause analysis** with actions that were actually closed out.
- Core risk programmes are visibly running: **infection prevention, medication safety, equipment/maintenance, fire/safety.**

Sign 4 — Patient rights and access are real, not posters

- There is a **patient-rights statement**, consent processes, and a working **complaints/feedback** loop that changes practice.
- **Patient-experience data** is collected and acted on (not just collected).
- Vulnerable-patient safeguards and equitable access are defined and known.

Sign 5 — People and support services are credentialed and competent

- **HR files** show current licences, role descriptions, and orientation for clinical staff.
- A **competency and CPD** system keeps skills current and documented.
- Support services that carry clinical risk — **laboratory, pharmacy/ medication management, sterilisation** — meet their own standards and can prove it.

Five Signs Your Hospital Is Accreditation-Ready

How to read this

If you ticked **every box in 4–5 signs**, you are in survey-ready territory — your remaining work is rehearsal and evidence-collation. If whole **signs are mostly empty**, that is your readiness roadmap, in priority order: start with the sign with the fewest ticks, because surveyors weight high-risk criteria first — some must be in place before a facility can move up a level at all.

A useful rule: **readiness is not the absence of gaps; it is the presence of a system that finds and closes them.** Surveyors can forgive a finding. They cannot forgive the absence of a mechanism to catch it.

How this was built. This self-test reflects years spent on the other side of the clipboard — as a certified surveyor and trainer working with international accreditation methodologies (SafeCare, COHSASA, SQHN) and directing facility quality-certification programmes across African health systems. It is framework- aligned and intentionally generic, so it works regardless of which standard your institution is preparing for.