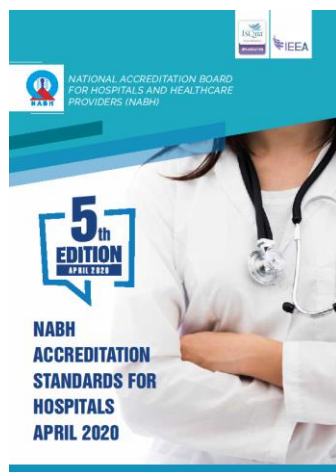


# NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS (NABH)



## Hospital Accreditation Program General Information Brochure



August 2020



## **About NABH**

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. NABH has been established with the objective of enhancing health systems & promoting continuous quality improvement and patient safety. The board while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

NABH offers accreditation services to hospitals and other clinical establishments. NABH provides accreditation in a non-discriminatory manner regardless of their ownership, legal status, size, and degree of independence.

International Society for Quality in Healthcare (ISQua) has accredited NABH as an Organization. The hospitals accredited by NABH have international recognition. This provides boost to medical tourism in the country.

NABH is an Institutional Member as well as a member of the Accreditation Council of the International Society for Quality in HealthCare (ISQua). NABH is one of the founder member of Asian Society for Quality in Healthcare (ASQua).

There has been demand from SAARC/ASIAN countries for NABH accreditation and to meet this requirement, NABH has launched NABH International and to begin with Philippines is the first overseas destination for extending NABH accreditation services.



## **About NABH**

NABH provides accreditation to Healthcare organisations in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence.

The objective of NABH standards is to improve healthcare quality and patient safety.

NABH currently operates the following accreditation, certification and empanelment programs

### **Accreditation programs:**

1. Hospitals
2. Small Healthcare Organizations
3. Blood Banks
4. Medical Imaging Services
5. Dental Facilities/Dental Clinics
6. Allopathic Clinics
7. AYUSH Hospitals
8. Primary Health Centre
9. Clinical Trail (Ethics Committee)
10. Panchakarma Clinics
11. Eye Care Organization

### **Certification programs:**

1. Entry Level Hospital
2. Entry Level Small Healthcare Organizations
3. Entry Level AYUSH Centre
4. Entry Level AYUSH Hospital
5. Nursing Excellence
6. Medical Laboratory Programme
7. Emergency Department
8. MVTF Empanelment Certification

### **Empanelment programs:**

NABH is the nodal body representing Quality Council of India for conducting assessments of healthcare organizations for empanelment under Central Government Health Scheme (CGHS) and Ex-Servicemen Contributory Health Scheme (ECHS).

## **Introduction to Accreditation**

Hospitals and Healthcare Organizations should be places of safety not only for patients but also for staff and other stakeholders. Quality and patient safety at hospitals and healthcare services is of great interest to government bodies, NGOs, insurance agencies, professional organizations representing healthcare workers and patients. Accreditation focuses on establishing quality and safety in relation to predetermined standards. Accreditation encourages healthcare organization to pursue continual excellence.

According to ISQua "A self-assessment and external peer review process used by health and social care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health or social care system."

In India, Health System currently operates within an environment of rapid social, economic and technical changes. Such changes raise the concern for quality and patient safety in health care. Accreditation would be the single most important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of national hospitals to provide quality care and ensure patient safety. National accreditation system ensures that healthcare organizations, whether public or private, play their expected roles in health system.

The hospital accreditation program was started in the year 2005. It is a flagship program for NABH. This program was started with an intent to improve healthcare quality and patient safety at public and private hospitals, has subsequently grown to greater heights, with the standards being recognised internationally at par with other global healthcare accreditation standards and accredited by ISQua (International Society for Quality in Healthcare).



Hospital Standards 3rd Edition, launched in November 2011 was accredited for a cycle of 4 years (April 2012 to March 2016), 4th Edition, launched in December 2015 accredited for a cycle of 4 years (April 2016 to March 2020). Now the current 5th Edition, launched in February 2020 is also accredited for a cycle of 4 years (April 2020 to March 2024). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua.



## **Benefits of Accreditation**

### **Benefits for Patients**

- Patients are the biggest beneficiary among all the stakeholders.
- Accreditation results in high quality of care and patient safety.
- The patients are serviced by credentialed medical staff.
- Rights of patients are respected and protected. Patient's satisfaction is regularly evaluated.

### **Benefits for Organization**

- Accreditation to a health care organization stimulates continuous improvement.
- It enables the organization in demonstrating commitment to quality care and patient safety thereby ensures best clinical outcomes.
- It raises community confidence in the services provided by the health care organization as services provided by credentialed medical staff.
- It also provides opportunity to healthcare unit to benchmark with the best.
- An accreditation status also provides marketing advantage in a competitive health care.
- The HCO standards having been certified by ISQua gives an international recognition which will also help to promote medical tourism.
- Finally, accreditation provides an objective system of empanelment by insurance and other third parties.





## **Benefits of Accreditation**

### **Benefits for Staff**

- The staff in an accredited Hospital is satisfied lot as it provides for continuous learning, good working environment and leadership.
- Efficiencies and competencies of staff also gets improved in an accredited Hospital.
- It improves overall professional development, knowledge and competencies in systematic ways with defined ownership and accountability of all the staff including Medical and Para Medical Staff.

### **Benefits to paying and regulatory bodies**

Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.



## **NABH Standards for Hospitals**

The hospital accreditation programme assesses the quality and operational systems which are in place within the facility. The accreditation includes compliance with the NABH standards, applicable laws and regulations.

NABH Standards for Hospitals is prepared by the technical committee constituted by NABH that has eminent persons from Clinical, Nursing and Medical Administration areas. The accreditation standards take into consideration the requirements of various laws and regulations and guidelines set by the government from time to time. NABH Standard has 10 chapters incorporating 100 standards and 651 objective elements.

Out of 651 objective elements 102 are in core category which are mandatorily assessed during each assessment, 459 are in commitment category which will be assessed during final assessment, 60 are in achievement category which will be assessed during surveillance assessment and 30 are in excellence category which will be assessed during re-accreditation.

Ten chapters of Hospital Standards are:

1. Access, Assessment and Continuity of Care (AAC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Hospital Infection Control (HIC)
6. Patient Safety and Quality Improvement (PSQ)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)





## **Methodology for Accreditation**

Hospitals willing to be accredited by NABH must be committed to ensure implementation of NABH standards in their organization.

The assessment team look for the evidences of implementation of NABH Standards in the organization. The Hospitals during the time of assessment should be able to demonstrate to NABH assessment team that all the requirements of NABH standard, as applicable, are implemented & followed.

### **Eligibility to apply for Hospital accreditation**

Healthcare organization (HCO) that fulfills the following requirements:

- Currently in operation as a healthcare provider, should be above 50 beds as hospitals below 50 beds will come under SHCO standards.
- The hospital has the minimum volume of patients which will help in assessing the quality of care given to the patients, which is currently 30%
- The organization that commits to comply with NABH standards and applicable legal/statutory/ regulatory requirements.
- Healthcare Organization should have been implemented NABH standards in the HCO for a minimum of three months.

These standards are to be used by the whole organisation and not for a specific service within the organisation. Organisations offer multiple services and the standards are equally applicable to all services within the healthcare organisation.



## Methodology for Accreditation

It is important for the hospital to make a definite plan of action for obtaining accreditation and nominate a person to co-ordinate all activities related to seeking accreditation. An official nominated by the hospital should be familiar with the latest standards of the hospital quality management system.

The Hospitals standards are freely available for download from the NABH website <https://www.nabh.co/images/Standards/NABH%205%20STD%20April%202020.pdf> The Hospital accreditation guidebook need to be procured through the NABH website. One can purchase the guidebook on standards by making the payment at the website <https://www.nabh.co/NABHStandards.aspx>

### How to apply?

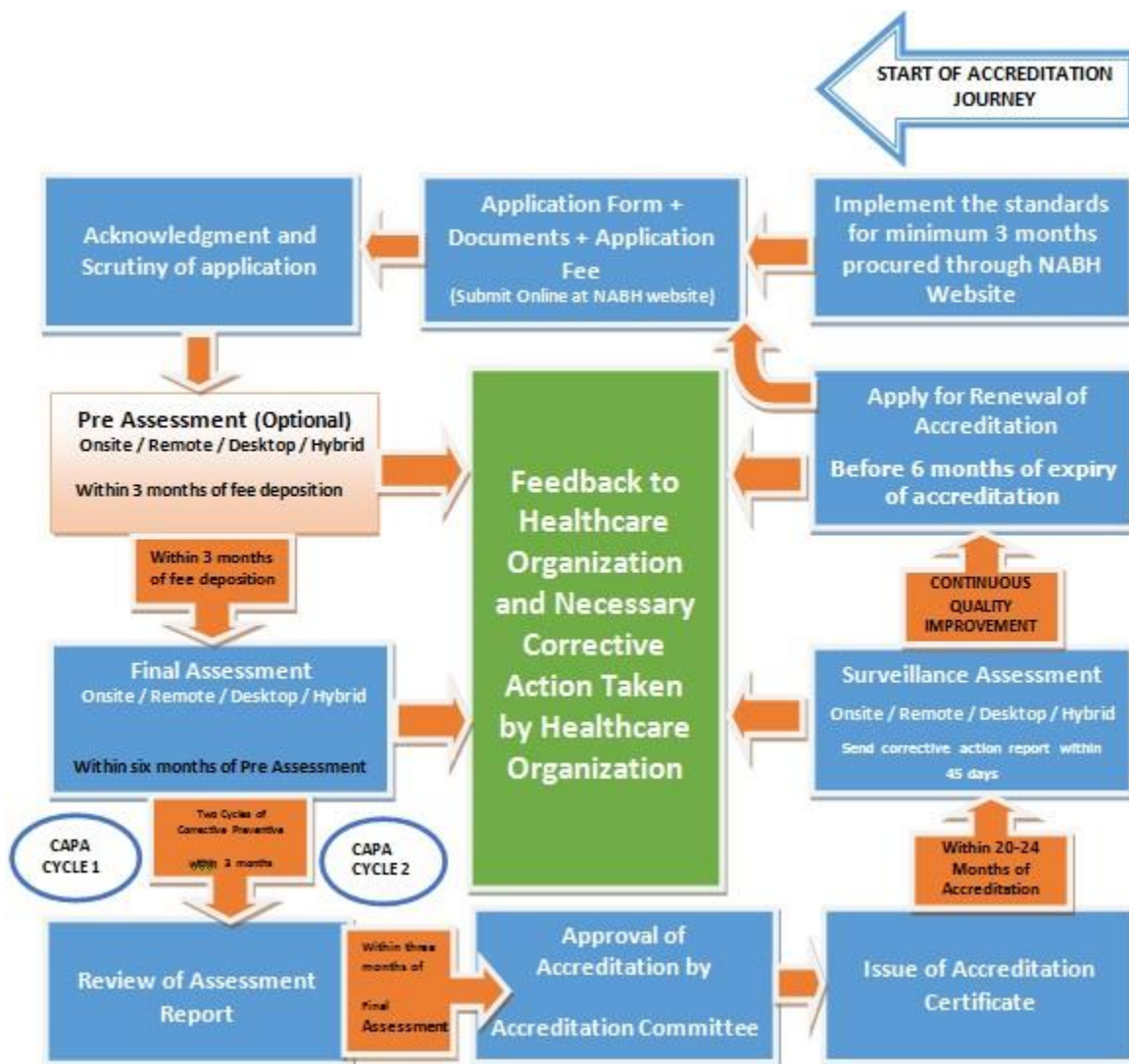
Once the standards are implemented in the hospital, the hospital can apply for accreditation online from the website [www.nabh.co](http://www.nabh.co)

- (a) Use a new email id for registration
- (b) Choose 'Hospital (Full Accreditation)' as Application Type
- (c) NABH shall activate the email id and provide you the login and password

Using the above login and password – one can fill the application form.



## Accreditation Process



## **NABH Accreditation Procedure**

### **Preparation of Policies and Manuals:**

The Hospitals shall prepare the Quality Manual, Policies and Procedures and other Manuals required as per the NABH standard.

### **Application for accreditation:**

The hospitals shall apply to NABH as per the instructions given in the online application portal. Hospitals should fill the application and provide the information details very carefully as this is relevant to determine the scope of services and to take the process further.

### **Scrutiny of application:**

Reference ID for the application is generated once the Hospital pays the application fees from 'Make Payment' option of the online application form. NABH officer shall scrutinize the application form for its completeness. Hospital may correspond to NABH via writing in 'Remarks column' of online portal of the hospital.

### **Notification of Principal Assessor and Assessment Team:**

NABH shall appoint Principal Assessor who shall have the overall responsibility of conducting the assessment for the Hospital and a team of other assessors. He/ She will evaluate the adequacy of all the documents including the quality manual, policies and procedures and other departmental manuals as mandated by the standards.

### **Types of Assessments conducted by NABH**

NABH in coordination with the hospital may choose to follow one of the following methods for conduct of the assessments based on environmental factors prevailing in the region in order to ensure business continuity in its operations without compromising on quality.



**Onsite assessment:** In onsite assessment, the assessors nominated by NABH makes a visit to the HCO for a predefined man days based on the bed strength of the hospital, the assessors verifies the documents, facilities and conducts interviews in person at the HCO. The Hospital needs to bear the cost of the assessor's travel and stay.

**Desktop assessment:** In this type of assessment the healthcare organization will submit information & documents as per the checklist which is based on applicable standards for Hospitals & the same shall be reviewed by NABH assessor. The decision on continuation of accreditation shall be based on the recommendations made by the assessor.

**Remote assessment:** In this type of assessment, the assessor (s) does not go to the HCO in person, but conducts the entire assessment from a remote location through the use of virtual platforms. Hospital need to provide the online platform, there are nominal overhead charges for hospitals which they need to pay.

**Hybrid assessment:** In this type of assessment, one assessor may be physically present in the HCO during the audit, and the other assessor(s) will be doing the audit from a remote location through the use of virtual platform.

### **Communication Channel**

All applicant and accredited healthcare organizations ( HCO ) are strongly advised to use the "Remarks column" at the online portal for all communication. Hospitals are strongly discouraged to communicate through telephone or emails to secretariat members as this communication can not be saved as part of particular HCO record and may not be available for future references. The matrix for communication is available at NABH website.

<https://www.nabh.co/Announcement/NABH%20Communication%20Matrix.pdf>





## NABH Accreditation Procedure

### **Pre-Assessment (Optional):**

NABH has made pre-assessment optional. Those hospitals which do not want to undergo pre-assessment shall provide in writing in the remark column of online application form.

However, NABH shall conduct the pre-assessment for those hospitals which are desirous for the same.

The Principal Assessor and other assessors (as applicable) are assigned the job of pre-assessment. Principal assessor shall submit the pre-assessment report online.

The hospital shall take corrective actions on the non-conformities raised by the Principal Assessor/ team.

The hospital shall in any case be required to pay the requisite Annual fee before the final assessment.

### **Final Assessment:**

After the hospital has taken necessary corrective action to the non-conformities raised during the pre-assessment (which is optional), NABH shall propose to constitute an assessment team for the final assessment. However as mentioned earlier HCO's can directly go for final assessment without opting for preassessment. The total number of assessors appointed shall depend on the size of the hospital and scope of services provided. The date of final assessment shall be agreed upon by the hospital management and assessors. Assessment shall be conducted on all the facilities covered under accreditation. The assessment team reviews the hospital's documented management system and verifies its compliance to the NABH standards. The documented quality system, policies and procedures, other manuals etc. shall be assessed for their implementation and effectiveness.



Based on the assessment by the assessors, the assessment report is prepared and uploaded by the Principal assessor in the online portal.

The details non-conformity(ies) observed during the assessment is visible to the hospital team in the online portal once the Principal Assessor submits the report.

**Review of assessment report:**

The hospital shall take necessary corrective action on the non-conformity (ies) and upload the requisite document as evidence for corrective action for each non-conformity. On successful submission of the corrective action by the hospital, the same shall be reviewed by the Principal Assessor.

Healthcare organisations can avail only two cycles of corrective action on non-conformities.

After satisfactory corrective action is taken by the hospital, the accreditation committee examines the assessment report, additional information received from the hospital and consequent verifications. The accreditation committee shall make appropriate recommendations regarding accreditation of the HCO.

**Issue of Accreditation Certificate:**

NABH shall issue an accreditation certificate to the hospital with a validity of four years. The certificate has a unique number and date of validity. The certificate is accompanied by the scope of accreditation.

The applicant hospital must make all payment due if any to NABH, before the issue of certificate.



## NABH Accreditation Procedure

### Surveillance and Re assessment:

Accreditation to the hospital shall be valid for a period of four years. NABH shall conduct surveillance before completion of 20-24 months since the date of accreditation of the accredited hospital.

The hospital shall pay the annual fees every year. The first annual fees is paid before the final assessment and is valid till the end of first year from the date of accreditation. Since then, the annual fees shall be due on the same date/ month every year.

The hospital need to apply online for renewal of accreditation at least six months before the expiry of validity of accreditation for which reassessment shall be conducted.

NABH may call for un-announced visit, based on any concern or any serious incident reported upon by an individual or an organization or media.

### Focus Assessment:

Focus assessments are done in HCO when there are any significant changes with regard to the HCOs activities and operations, such as change in scope of accreditation, change of address/ location, change in environment, key technical personnel etc. Hospitals are requested to view policy and procedure related to Focus visit to an accredited hospital by visiting the following link.

[https://www.nabh.co/Policy\\_for\\_Focus\\_Assessment.aspx](https://www.nabh.co/Policy_for_Focus_Assessment.aspx)

Document is Approved by Focus Assessment of an Accredited/Certified Healthcare Organisation (HCO)



**POLICY & PROCEDURE FOR  
FOCUS ASSESSMENT OF AN  
ACCREDITED/CERTIFIED  
HEALTHCARE ORGANISATION  
(HCO)**

Issue No: 2 Issue Date: 02-03-2016 Page 1 of 1



## NABH Accreditation Procedure

### Surprise Assessment:

NABH may conduct surprise assessments at accredited hospitals periodically to evaluate the compliance to the accreditation standards, as hospitals are expected to adhere to the NABH accreditation standards at any given point of time once HCO is accredited. Surprise visit can also happen in response to adverse media report. Hospitals are requested to view policy and procedure related to Surprise visit to an accredited hospital by visiting the following link.

<https://www.nabh.co/SURPRISE-VISIT.aspx>



## NABH Accreditation Procedure

### Guidelines for using the accreditation mark:

Accredited hospitals should ensure the guidelines related to display NABH Logo / accreditation mark are adhered. Any misuse of the logo / accreditation mark can lead to adverse action being taken against the hospital by NABH besides legal action. Hospitals are requested to view guidelines related to use NABH logo / accreditation mark by visiting the following link.

[https://www.nabh.co/Images/pdf/Policy\\_and\\_Guidelines\\_for\\_use\\_of\\_NABH\\_Accreditation\\_Certification\\_Mark.pdf](https://www.nabh.co/Images/pdf/Policy_and_Guidelines_for_use_of_NABH_Accreditation_Certification_Mark.pdf)



### Standard Agreement:

Hospitals accredited by NABH has to enter into an agreement with NABH from the date of accreditation. The certificate of accreditation will be dispatched to the hospital only after this agreement has been received by NABH secretariat. Hospitals are requested to view standard agreement by visiting the following link.

[https://www.nabh.co/Images/PDF/Agreement\\_hos.pdf](https://www.nabh.co/Images/PDF/Agreement_hos.pdf)



## NABH Accreditation Procedure

### **Disclaimer & Indemnity:**

NABH reserves the right to take action or even cancel the accreditation awarded to a hospital in following conditions -

1. If the required fee is not paid on time
2. Any adverse actions taken by any regulatory bodies against the hospital,
3. Serious patient safety issues, etc.
4. Failure to comply with the standards at any given point of time etc.

Hospitals are also advised to check the NABH portal time to time for any important announcements, change in standards etc. which needs to be adhered by accredited hospitals



## **Training**

The journey of Accreditation/Certification i.e. from applying to grant of Accreditation/Certification involves the awareness & training of all the members of the healthcare organizations about the various Chapters, Standards & Objective Elements of NABH Standards booklet. The staff needs to imbibe the culture of NABH by getting trained in the standards, understanding the applicable standards in a right way so that the same can be implemented, measured and monitored in the right manner by the healthcare organization.

NABH Secretariat organizes training sessions on understanding of NABH standards and implementing them in the organizations in form of Programme on Implementation (POI), for healthcare organizations desirous of taking their organizations for accreditation. These sessions are taken by faculty from NABH who are senior assessors. The details of these trainings, dates, venue and fee information are available in the NABH website

NABH has taken a new initiative to conduct free master classes on various topics under the rubric "NABH Quality Connect-Learning with NABH". The master classes is conducted every month. The topics include: Key Performance Indicators (KPI), Hospital Infection Control, Management of Medication, Document Control, Clinical Audits, Continual Quality improvement, Hospital infection prevention etc

Apart from this guidance material is available at "Resource" page of NABH web portal

Kindly visit the below link to attend training programmes being conducted by NABH.

<https://www.nabh.co/EducationTraining.aspx>





### Fee Structure

General information brochure : Free of cost

Hospital Standards - : Free of cost

Guidebook to NABH 5th Edition Standards for Hospitals : Rs. 6000/-

Application fee and NABH Accreditation charges:

Size of Hospitals	Assessment Criteria			Accreditation Fee (Rs.)	
	Pre-assessment	Assessment	Surveillance	Application Fee	Annual Accreditation Fee
Up to 100 beds	Four man days	Six man days (3x2)	Four man days (2x2)	Rs. 40000/-	Rs.165000/-
101-300 beds	Four man days	Nine man days (3x3)	Six man days (3x2)	Rs. 75000/-	Rs.250000/-
301-500 beds	Six man days	Twelve man days (4x3)	Nine man days (3x3)	Rs. 100000/-	Rs.360000/-
501 and above	Six man days	Sixteen/ fifteen man days (4x4) or (5x3)	Nine man days (3x3)	Rs. 150000/-	Rs.440000/-

\*The fee structure is based on the number of man days required for assessment. In case the scope of services is more than the above, then proportionately higher man days and fee structure may be charged.

**GST:** w.e.f. 01.06.2016 a GST of 18% or as applicable will be charged on all the above fees. HCOs are required to include the service tax in the fees accordingly while making payment to NABH.

### CONTACT DETAILS

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTH CARE PROVIDERS**

QUALITY COUNCIL OF INDIA

ITPI BUILDING, 5TH FLOOR, 4-A

I P ESTATE, RING ROAD, NEW DELHI – 110002, INDIA

EMAIL: [nabh@nabh.co](mailto:nabh@nabh.co)

Web: [www.nabh.co](http://www.nabh.co) Phone: 011-42600600