GENERAL INFORMATION BROCHURE

July 2012
Hospital Accreditation

Hospital Accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization, demonstrated through an independent external peer assessment of that organization’s level of performance in relation to the standards.

In India, Heath System currently operates within an environment of rapid social, economical and technical changes. Such changes raise the concern for the quality of health care. Hospital is an integral part of health care system. 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 of care. National accreditation system for hospitals ensure that hospitals, whether public or private, national or expatriate, play there expected roles in national heath system.

Confidence in accreditation is obtained by a transparent system of control over the accredited hospital and an assurance given by the accreditation body that the accredited hospital constantly fulfills the accreditation criteria.
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 credential medical staff. Rights of patients are respected and protected. Patients satisfaction is regularly evaluated.

Benefits for Hospitals

Accreditation to a hospital stimulates continuous improvement. It enables hospital in demonstrating commitment to quality care. It raises community confidence in the services provided by the hospital. It also provides opportunity to healthcare unit to benchmark with the best.

Benefits for Hospital Staff

The staff in an accredited hospital is satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes. It improves overall professional development of Clinicians and Para Medical Staff and provides leadership for quality improvement with medicine and nursing.

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.
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 system & 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 provides accreditation to hospitals 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 “Standards for Hospitals”, 3rd Edition, November 2011 developed by National Accreditation Board for Hospitals & Healthcare Providers (NABH, India) under its International Accreditation Programme for a cycle of 4 years (April 2012 to March 2016). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua. The hospitals accredited by NABH have international recognition. This will provide boost to medical tourism.
About NABH

ISQua is an international body which grants approval to Accreditation Bodies in the area of healthcare as mark of equivalence of accreditation program of member countries.

NABH is a member of ISQua Accreditation Council.

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 the founder member of proposed Asian Society for Quality in Healthcare (ASQua) being registered in Malaysia.

NABH is a member of International Steering Committee of WHO Collaborating Centre for Patient Safety as a nominee of ISQua Accreditation Council.
Organizational Structure

National Accreditation Board for Hospitals and Healthcare Providers (NABH)

- Appeals Committee
  - Accreditation Committee
  - Technical Committee
  - Secretariat
    - Panel of Assessors & Experts
Organizational Structure

Accreditation Committee
The main functions of Accreditation Committee are as follows:
- Recommending to board about grant of accreditation or otherwise based on evaluation of assessment reports & other relevant information.
- Approval of the major changes in the Scope of Accreditation including enhancement and reduction, in respect of accredited hospitals.
- Recommending to the board on launching of new initiatives

Technical Committee
The main functions of Technical Committee are as follows:
- Drafting of accreditation standards and guidance documents
- Periodic review of standards

Appeals Committee
The Appeal Committee addresses appeals made by the hospitals against any adverse decision regarding accreditation taken by the NABH. The adverse decisions may relate to the following:
- refusal to accept an application,
- refusal to proceed with an assessment,
- corrective action requests,
- changes in accreditation scope,
- decisions to deny, suspend or withdraw accreditation, and
- any other action that impedes the attainment of accreditation.

NABH Secretariat
The Secretariat coordinates the entire activities related to NABH Accreditation to hospitals and healthcare organizations.
Organizational Structure

Panel of Assessors and Experts
NABH has a panel of trained and qualified assessors for assessment of hospitals.

- **Principal Assessor**
  The Principal Assessor is overall responsible for conducting the pre-assessments and final assessments of the hospitals.

- **Assessors**
  NABH has empanelled experts for assessment of hospitals. They are trained by NABH on hospital accreditation and various assessment techniques. The assessors are responsible for evaluating the hospital's compliance with NABH Standards.
NABH Standards

NABH Standards for hospitals prepared by technical committee contains complete set of standards for evaluation of hospitals for grant of accreditation. The standards provide framework for quality of care for patients and quality improvement for hospitals. The standards help to build a quality culture at all level and across all the function of hospital. NABH Standards has ten chapters incorporating 102 standards and 636 objective elements.

Outline of NABH Standards

**Patient Centered Standards**
- Access, Assessment and Continuity of Care (AAC)
- Care of Patient (COP)
- Management of Medication (MOM)
- Patient Right and Education (PRE)
- Hospital Infection Control (HIC)

**Organisation Centered Standards**
- Continuous Quality Improvement (CQI)
- Responsibility of Management (ROM)
- Facility Management and Safety (FMS)
- Human Resource Management (HRM)
- Information Management System (IMS)
Assessment Criteria

A hospital willing to be accredited by NABH must ensure the implementation of NABH standards in its organization.

The assessment team will check the implementation of NABH Standards in organization. The Hospital shall be able to demonstrate to NABH assessment team that all NABH standards, as applicable, are followed.
Preparing for NABH Accreditation

Hospital management shall first decide about getting accreditation for its hospital from NABH. It is important for a hospital to make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to seeking accreditation. An official nominated should be familiar with existing hospital quality assurance system.

Hospital shall procure a copy of standards from the NABH Secretariat against payment. Further clarification regarding standards can be got from NABH Secretariat in person, by post, by e-mail or on telephone.

The hospital looking for accreditation shall understand the NABH assessment procedure. The hospitals shall ensure that the standards are implemented in the organization.

The applicant hospital must have conducted self-assessment against NABH standards at least 3 months before submission of application and must ensure that it complies with NABH Standards.
Preparing for NABH Accreditation

1. Obtain a copy of NABH Standards (From NABH office)
2. Get accustomed to the standard & implement them (By health care organization)
3. Obtain a copy of Application Form (From NABH web site)
4. Fill and submit the Application (to NABH Secretariat)
5. Pay the Accreditation fee
NABH Accreditation Procedure

1. Appln. for accreditation + Self-Assessment by HCO (By health care organizations)

2. Acknowledgment and Scrutiny of application (by NABH Secretariat)

3. Pre-Assessment visit (By Assessment Team)

4. Final Assessment of hospital (By Assessment team)

5. Review of Assessment Report (by NABH Secretariat)

6. Recommendation for Accreditation (by Accreditation Committee)

7. Approval for Accreditation (by Chairman, NABH)

8. Issue of Accreditation certificate (by NABH Secretariat)

Feedback To Health care Organization

And

Necessary Corrective Action Taken By Health care Organization

Page 12
NABH Accreditation Procedure

Application for accreditation:
The hospital shall apply to NABH in the prescribed application form. The application shall be accompanied with the following:
- Prescribed application fee as detailed in the application form
- Signed copy of ‘Terms and Conditions for Maintaining NABH Accreditation’, available free on the web-site
- Filled in Self Assessment Toolkit, available free on the web-site.
- Quality/ hospital Manual (as per NABH standards) and other NABH relevant documents i.e. different policies and procedures of the hospital

Self-Assessment toolkit is for self-assessing itself against NABH Standards. The self assessment shall be done by the hospital in a stringent manner and if at the time of pre-assessment it is found that there is a significant difference between the self assessment and the pre-assessment report then the organization shall apply for final assessment not earlier than six months from the date of completion of pre-assessment.

The applicant hospital must apply for all its facilities and services being rendered from the specific location. NABH accreditation is only considered for hospital’s entire activities and not for a part of it.

Scrutiny of application:
NABH Secretariat receives the application form and after scrutiny of application for its completeness in all respect, acknowledgement letter for the application shall be issued to the hospital with a unique reference number. The hospital shall be required to quote this reference number in all future correspondence with NABH.
NABH Accreditation Procedure

Pre-Assessment:
NABH appoints a Principal Assessor/ Assessment Team who is responsible for pre-assessment of healthcare organization. NABH forwards the application form, documents, procedures, Self assessment toolkit to the Principal Assessor/ Assessment Team.

Objective of Pre-assessment:
- Check the preparedness of the hospital for final assessment
- Review the scope of accreditation and ascertain the requirement of the number of assessors and the duration of the accreditation
- Review of the documentation system of the hospital
- Explain the methodology to be adopted for assessment.

The Principal assessor shall submit a pre-assessment report in the format specified in the document ‘Pre-Assessment Guidelines & Forms’. Copy of the report is handed over to the organization after the assessment and original sent to NABH Secretariat.

The hospital shall be required to pay the requisite Annual fee before the final assessment.
Final Assessment:
The hospital is required to take necessary corrective action to the non-conformities pointed out during the pre-assessment. The final assessment involves comprehensive review of hospital functions and services. NABH shall appoint an assessment team. The team shall include Principal assessor (already appointed) and the assessors. The total number of assessors appointed shall depend on the number of beds and services provided. The date of final assessment shall be agreed upon by the hospital management and assessors. Assessment shall be conducted on hospital’s department and services.

Based on the assessment by the assessors, the assessment report is prepared by the Principal assessor in a format prescribed by NABH.

The details of non-conformity(ies) observed during the assessment are handed over to the hospital by the Principal assessor and detailed assessment report is sent to NABH.
Scrubtity of assessment report
NABH shall examine the assessment report. The report is taken to the accreditation committee. Depending on the score and compliance to standard would decided the award of accreditation or otherwise as per details given below.

1. **Pre-accreditation entry level**: Conditions for qualifying to this award are as below:
   - All the regulatory legal requirements should be fully met.
   - No individual standard should have more than two zeros.
   - The average score for individual standard must not be less than 5.
   - The average score for individual chapter must be more than 5.
   - The overall average score for all standards must exceed 5.

   The validity period for pre-accreditation entry level stage is from a minimum 6 months to a maximum of 18 months. It means that a hospital placed under this award cannot apply for assessment before 6 months.

2. **Pre-accreditation progressive level**: Conditions for qualifying to this award are as below:
   - All the regulatory legal requirements should be fully met.
   - No individual standard should have more than two zeros.
   - The average score for individual standard must not be less than 5.
   - The average score for individual chapter must be more than 6.
   - The overall average score for all standards must exceed 6.

   The validity period for pre-accreditation progressive level stage is from a minimum 3 months to a maximum of 12 months. It means that a hospital placed under this award cannot apply for assessment before 3 months.
NABH Accreditation Procedure

3. **Accredited:** Conditions for qualifying for accreditation are as below:

- All the regulatory legal requirements should be fully met.
- No individual standard should have more than one zero to qualify.
- The average score for individual standards must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

The validity period for accreditation is 3 years subject to terms and conditions.

**Note:** The awards are only valid till the next assessment or until that last date of validity, whichever is earlier. Awards CANNOT be renewed. Depending upon the progress, the organization is eligible to get either a pre-accreditation entry level award, pre-accreditation progressive level award or accredited. If the organization under the stage of pre-accreditation entry level and pre-accreditation progressive level does not show any improvement during the next assessment they shall be encouraged to apply afresh.

**Issue of Accreditation Certificate**

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

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

All decision taken by NABH regarding grant of accreditation shall be open to appeal by the hospitals, to chairman NABH.
NABH Accreditation Procedure

**Surveillance and Reassessment**

Accreditation to a hospital shall be valid for a period of three years. NABH conducts one surveillance of the accredited hospitals in one accreditation cycle of three years. The surveillance visit will be planned during the 2\(^{nd}\) year i.e. after 18 months of accreditation.

The hospitals may apply 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 organization or media.
Financial Term and Conditions

General information brochure: Free of cost
NABH Standards for hospital accreditation: Rs. 3500/-
Guide Application fee and NABH Accreditation charges:

<table>
<thead>
<tr>
<th>Size of Hospitals</th>
<th>Assessment Criteria</th>
<th>Accreditation Fee (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-assessment</td>
<td>Assessment</td>
</tr>
<tr>
<td>Up to 100 beds</td>
<td>Four man-days</td>
<td>Six man days (3x2)</td>
</tr>
<tr>
<td>101-300 beds</td>
<td>Four man-days</td>
<td>Nine man days (3x3)</td>
</tr>
<tr>
<td>301-500 beds</td>
<td>Six man-days</td>
<td>Twelve man days (4x3)</td>
</tr>
<tr>
<td>501 and above</td>
<td>Six man-days</td>
<td>Sixteen/ fifteen man days (4x4) or (5x3)</td>
</tr>
</tbody>
</table>

NOTE: The man days given above for assessment and surveillance are indicative and may change depending on the facilities and size of the hospital.

Service Tax: w.e.f. 01.06.2016 a service tax of 18% will be charged on all the above fees. You are requested to please include the service tax in the fees accordingly while sending to NABH.

Notes on Accreditation fee:

- The accreditation fee does not include expenses on travel, lodging / boarding of assessors. These expenses are to be borne by the hospital on actual basis.
- The application fee includes pre-assessment charges.
- The first annual fee is payable after pre-assessment visit and before assessment visit.
- 10% discount will be admissible in case hospitals pay for the accreditation fee for three years in one installment.