

# Frequently Asked Questions

## Introduction

### 1. What is NABH?

The National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), setup to establish & operate accreditation programme for healthcare organization. The board is structured to cater to the needs of the consumers and to set benchmarks for progress of health industry.

### 2. What is HOPE?

HOPE stands for Healthcare Organisation Platform for Entry Level certification. NABH has partnered with IRDA to carry out entry level certification of hospitals which has been made mandatory for providing cashless insurance facility to the citizens at their premises. Healthcare Organisation Platform for Entry Level Certification (HOPE) is an online portal for HCOs to apply under NABH Entry Level Certification Programme.

### 3. How can a Health Care Organization(HCO) access HOPE Portal?

Please visit the link to access the HOPE Portal :- [hope.qcin.org](http://hope.qcin.org).

### 4. What are the Standards that a Healthcare Organization (HCO) should comply to get NABH Entry Level Certification?

Certification Standards for Entry Level Certification.

### 5. From where can a Healthcare Organization (HCO) procure Entry Level Certification Standards?

A copy of the Entry Level Certification Standards can be downloaded from NABH website at the following link  
<https://portal.nabh.co/NABHStandards.aspx#gsc.tab=0>

### 6. What is the fee structure for Entry Level Certification Programme?

The fee structure is available on NABH website at the following link <https://nabh.co/13050-2/>

### 7. Where can a Healthcare Organisation (HCO) access to the various Policies applicable under the programme?

The general policies are available on NABH website at the following link <https://nabh.co/general-policies/>

### 8. Does NABH provide consultancy to the Healthcare Organizations (HCOs) for Entry Level Certification Programme?

No, NABH does not provide any consultancy to the Healthcare Organizations (HCOs)

### 9. Does NABH have any empaneled consultants/agencies to provide Entry Level Certification Programme?

No, NABH does not empanel or associate itself with any consultant organization or agency to provide Entry Level Certification.

### 10. How is the hospital categorized as SHCO and HCO (Bed strength)?

The hospitals up to 50 sanctioned beds come under Small HealthCare Organisation (SHCO) category and the hospitals with more than 50 sanctioned beds come under the HCO category.

## **11. Can a new Healthcare Organization (HCO) apply under Entry Level Programme?**

To apply under Entry Level Programme, an HCO must be functioning for at least a period of six months and must have implemented the Entry Level Standards for a minimum period of three months at the time of application.

## **12. Is there any criteria for the occupancy of the hospital?**

The HCO should have a occupancy of at least 30% for last three months.

## **13. Who can apply for Entry Level Certification?**

Only Health Care Organizations (HCOs) providing Allopathic services can apply for Entry Level Certification.

## **14. What are the exclusions for applying under Entry Level Certification Programme?**

Health Care Organizations (HCOs) under AYUSH system of medicines, Physiotherapy centres, exclusive diagnostic centres or any other type of healthcare establishment where a MBBS doctor is not involved are excluded to apply under the programme.

## **15. What will happen if I am listed in exclusion criteria and applied in HOPE portal?**

The application will be scrutinized in Desktop assessment and it will be rejected. The fees paid will be non-refundable.

## **16. What is the validity of the Entry Level Certification?**

Entry Level Certification is valid for a period of 2 years.

## **17. Can Health Care Organizations (HCOs) from outside India apply for entry level certification?**

Currently only Health Care Organizations (HCOs) registered and functioning in India can apply under the programme.

# **Training & Education**

## **18. Are there any training programs conducted for awareness on Entry Level Standards?**

The hospital can refer to the below-mentioned link: Please go to Education and Training Tab.

<https://www.nabh.co/EducationTraining.aspx#gsc.tab=0>

# **About NABH Standards**

## **19. What is a standard?**

A standard is a statement that defines the structures and processes that must be substantially in place in the organisation to enhance the quality of care. The standards are numbered serially, and a uniform system followed for numbering. The first three letters reflect the name of the chapter and the number following this reflects the order of the standard in the chapter.

## **20. What are the focus areas of NABH Standards?**

The standard focuses on the key points required for providing patient-centered, safe, high-quality care. The interests of various stakeholders have been incorporated into the standard. They provide a framework for quality assurance and quality improvement.

The focus is on patient safety and quality of patient care. It sets forth the basic standards that organisations must achieve to improve the quality of care.

## 21. Enlist the chapters of NABH Entry level standards for hospitals?

Ten Chapters of NABH are:

- a. Access, Assessment and Continuity of Care (AAC)
- b. Care of Patients (COP)
- c. Management of Medication (MOM)
- d. Patient Rights and Education (PRE)
- e. Hospital Infection Control (HIC)
- f. Continuous Quality Improvement (CQI)
- g. Responsibilities of Management (ROM)
- h. Facility Management and Safety (FMS)
- i. Human Resource Management (HRM)
- j. Information Management System (IMS)

## 22. Enlist patient centric chapters?

There are 5 patient centric chapters, they are as follows-

- a. Access, Assessment and Continuity of Care (AAC)
- b. Care of Patients (COP)
- c. Management of Medication (MOM)
- d. Patient Rights and Education (PRE)
- e. Hospital Infection Control (HIC)

## 23. Enlist organisation centric chapters?

There are organisation centric chapters, they are as follows-

- a. Continuous Quality Improvement (CQI)
- b. Responsibilities of Management (ROM)
- c. Facility Management and Safety (FMS)
- d. Human Resource Management (HRM)
- e. Information Management System (IMS)

## 24. What is an objective element?

Objective element is the measurable component of a standard. Acceptable compliance with objective elements determines the overall compliance with a standard. The objective element is scored during assessments to arrive at the compliance. Objective element is numbered alphabetically in a serial order. For example, AAC.1.e. would mean that it is the fifth objective element of the first standard of the chapter titled Access, Assessment and Continuity of Care'.

# Preparing for Certification

## 25. How can an organization prepare itself for NABH Entry Level Certification?

An organization planning to go for NABH certification may obtain a copy of NABH Entry Level Certification standards and assess their compliance with the standards to ensure that the standards are implemented and integrated with the hospital functioning.

## 26. How can an organization apply for NABH Entry Level Certification?

All aspiring healthcare organizations desirous to achieve certification can apply online by registering on HOPE portal.

## **27. When does the applicant hospital gets a permanent application number?**

The applicant hospital gets a permanent application number after paying the application fee.

## **28. Does the hospital having split locations needs to apply separately for certification?**

Hospitals are required to inform the NABH secretariat well in advance about any split locations, services provided at each location, and the distance between them before planning an assessment. The NABH secretariat will then make a decision on whether to conduct one or separate assessments after careful consideration.

## **29. How can a hospital request for sharing login id and password in case they forget or misplaces the same?**

The Hospital can send a request on its letter head signed by the hospital authority registered with NABH. The scanned copy of letter can be mailed to concerned program officer.

## **30. Can Hospital make changes in application form after submission?**

The Hospital is advised to fill up the application form very carefully as the information in application form **cannot be changed** once the application form is submitted.

## **31. What all documents must be available with the hospital during registration?**

- Statutory compliance – Registration with local authority, Biomedical Waste Authorization from State Pollution Control Board
- Hospital staffing- which includes consultant details, medical officer details, consultant details, nurse details, paramedical staff details and administrative staff details.
- Standard wise policies, manuals, checklist, MOU's, training documents etc.

## **32. What all documents must be available with the hospital during assessment?**

It is important for the hospital to have all their statutory licenses, policies and manuals ready for review during assessments. Additionally, the assessment team will also be looking over the checklists, forms, and formats used by the hospital for documentation purposes. It is also recommended that the hospital keeps a hospital orientation PowerPoint presentation on hand which gives a brief overview of the hospital.

## **33. What happens when the HCO submits a false document?**

It is imperative for hospitals to comply with ethical standards and refrain from submitting false or forged documents. NABH has a zero-tolerance policy towards forgery. Any hospital found guilty of submitting false documents will be subjected to strict action as per NABH guidelines. This policy is a crucial step towards fostering transparency and maintaining honesty in the certification process.

## **Payment Queries**

### **34. Where will I get the payment option & how to do the payment?**

As the hospital will finish filling the application form, the payment option will pop and the hospital will be at Fee Submission stage.

### **35. Can I do the payment via sending DD?**

No, other online payment options are available in the portal.

### **36. Will the fees of HCO be refunded if the HCO decides to withdraw the application at any stage?**

No, fees once paid will not be refunded.

### **37. What is the mode of payments available for the hospital to make the payments?**

Debit card, Credit card, UPI and NEFT

#### **38. Will the fees of HCO be refunded if the application is rejected at any stage?**

No, fees will not be refunded. HCO will have to register again and pay the fees again to apply for empanelment

#### **39. What is the fee structure for NABH Certification program?**

The fee structure for various programs is available on NABH website. The same can be accessed by clicking on the below link:

[https://nabh.co/wp-content/uploads/2023/10/RevisedFeeStructure\\_NABH.pdf](https://nabh.co/wp-content/uploads/2023/10/RevisedFeeStructure_NABH.pdf)

#### **40. What is mode of payment for annual/application fee?**

Fee to be paid Online at NABH Portal or Bank Transfer. In case fee is paid by bank transfer hospital must upload transaction details on the NABH Portal and update in the remark's column.

#### **41. Will my previous rejected application's fees adjusted in new application?**

No, the fees once paid is non-refundable.

#### **42. How to submit fees?**

After filling in all the required details, click the 'Pay' button. Applicant will be redirected to the Payment Gateway Pages select the type of payment to be used and pay the applicable certification fee.

## **Application Form**

#### **43. How can I edit the information after filling the Application Form?**

Applicants cannot edit information. Notify NABH secretariat for changes.

#### **44. Are all sections necessary for filling up the form?**

To complete all sections of the application, it is necessary to fill in the details accurately. In order to prevent any loss of data, applicants are advised to save their progress frequently by clicking on the "save" button.

#### **45. What to do in order to prevent data loss while filling application?**

We recommend saving your work periodically to prevent data loss.

#### **46. In which formats does the documents need uploaded on portal?**

The following formats are recommended:

- Image – JPG, JPEG, PNG
- Document – PDF

The documents that are uploaded by the organisation as evidence must be clear and readable.

#### **47. How to add data in manpower tab?**

The applicant can either download the templates to fill in the details and upload the same file on the respective question or they can add details on the portal itself, the same will be displayed in the Table.

#### **48. How do I know if there is error in the uploaded data?**

Successful or error message will appear, if there are some errors then reupload the file after correcting such error Click on 'Upload Excel' Button.

#### **49. How to add data directly into the manpower table?**

Click on the 'Add' button to fill in the details manually. Use this option to add less data only

- Pop-up will appear, fill in all the required fields and click on the 'Save' button.
- Once details are filled it will be visible under table, use edit or delete icon for editing the data.

## 50. Can HCO/SHCO modify registration form after submission?

Once submitted, the information in registration form cannot be changed or replaced.

## 51. What if the application is not getting submitted even after filling all the data?

The HCO should go through the application to check if there's any missing information. Secondly if the HCO has filled Aadhar/PAN details, they can check if the numbers are correct or not.

## 52. What should I do if I am unable to submit the application?

The HCO needs to review all the entered data and ensure that no fields are left empty which will be reflected as “\*\*” in red colour. If after rechecking the HCO is facing the issue again, they need to logout and login again, Clear cache history or inform to program officer.

## 53. Can HCO fill the documents using multiple devices during the time of registration?

Using of multiple devices to fill the data of one hospital may lead to data loss.

## 54. What if some of the documents are not available with HCO?

The HCO is required to have all the necessary and applicable document available at the time of registration to avoid unnecessary delays. HCO will not be able to submit the registration form until all the mandatory documents and information is not filled.

## 55. What if the application of the HCO gets cancelled due to delay in submitting the form beyond the stipulated time?

Submission of the form beyond the stipulated time will lead to inactivation of the application and the HCO will have to register themselves again.

# Registration

## 56. What are the steps to get NABH certification?

Any HCO applying for the certification has to follow the following process:

- Submission of registration form
- Completion of application form
- Payment of application fee
- Desktop Assessment
- Submission of CAPA for NCs raised in Desktop Assessment
- On-site / virtual assessment
- Submission of CAPA raised in On-site / virtual assessment
- Certification committee review
- Approval from certification committee.

## 57. Can HCO submit the documents written in regional language other than English?

For all the documents written in language other than English, a translated copy in English version is required during submission.

## 58. What if some of the documents are not available with HCO?

It is imperative that HCO possesses all the necessary and relevant documents prior to submitting the application form. Failure to provide the mandatory documents and information will lead to the inability to submit the application form. It is essential that HCO takes all necessary measures to ensure the availability of the required documents at the time of submission.

#### **59. What if some of the mentioned documents are not applicable for any HCO?**

If any of the documents mentioned are not applicable to a healthcare organization (HCO), they should upload a page with the words "Not Applicable" written on it. Please note that the registration form cannot be submitted until all the sections containing documents and information are filled.\

#### **60. Can HCO submit the hard copy of application form along with all the relevant documents?**

No, NABH will not accept any application in hard copy. All the applicants are required to submit the application on the HOPE portal.

#### **61. Can HCO save the application form at intermediate stages?**

Applicants can save and edit the application form before final submission.

#### **62. Can HCO submit the application form at intermediate Stage?**

It is crucial that HCO marks all the required options and uploads all the relevant documents before submitting the application form. This will ensure a smooth and successful submission process

#### **63. Does the online application system inform HCO about the shortcomings/missing information?**

All mandatory requirements are marked with red asterisks in the application form. Additionally, any missing information will be highlighted during the final submission.

#### **64. Can HCO modify application form after submission?**

After submitting the application form, it is not possible to modify or replace the entered information. However, if the HCO (Healthcare Organization) needs to make any changes, they can send the details of the required change along with all supporting information to NABH. Please note that NABH reserves the right to decide whether the requested changes can be made or not.

#### **65. Will the HCO get the same application number on cancellation of the previous application?**

No, a new application number will be allotted to the HCO on new registration.

#### **66. What will happen after HCOs fill in all the details on the application portal?**

After submitting all the required information and completing the payment process, the HCO will be reviewed for desktop assessment.

## **Desktop Assessment (DA)**

#### **67. What is Desktop Assessment?**

The assessor reviews the application to ensure that it is complete and that all the required documents have been provided. If any requirements are missing, non-conformities (NCs) are raised after a review by the assessor. The HCO is notified of these NCs and given the opportunity to address and resolve them.

#### **68. How many cycles are there in Desktop Review?**

There are 2 cycles for the submission of corrective actions against the deficiencies as raised by the assessor.

#### **69. Can HCO know the details of assessor conducting DA?**

HCO will not be able to know the assessor conducting DA.

#### **70. How will I get to know if my desktop assessment has been accepted or rejected?**

HCO will receive an e-mail regarding the updated status on the registered e-mail ID. The status will also be updated on the HOPE portal. The HCO can check the status directly on the HOPE portal as well.

#### **71. How will I know NC's have been raised?**

All the raised NCs by the assessor will be available for response to the HCO on the HOPE portal.

## 72. How the NC reply has to be submitted?

After log in account on portal, the HCO should open DA Tab and then needs to look at every segment of the application for NC's raised. The NC's will be reflected as on count besides every segment/NABH Chapter.

## 73. What does red text signify when NC's are raised?

Please note that the Red Text indicates the number of Non-Conformities (NCs) that have been raised under a specific section. When the NC Button appears in Red, it means that there is an NC that requires a response. To reply to the NC that has been raised, you can simply click on the NC Button.

## 74. How to upload the NC reply?

When responding to a raised Non-Conformity (NC), it is important to provide a detailed remark or justification in the 'NC Reply' text box. Additionally, it is recommended to upload any relevant evidence or documentation by clicking on the 'Choose File' button. This will facilitate a better understanding of the NC and expedite the resolution process. Please be advised that a thorough and comprehensive response will enable to address the matter in a timely and efficient manner.

## 75. What to do when all the required NC reply are uploaded?

When all the required documents are uploaded and the required justified reasons are provided, click on the 'Submit' button to successfully submit the response for the respective NC.

## 76. How will I know that my particular NC has been submitted?

The NC Button will change to a 'Yellow' color upon successful response upload.

## 77. Will I get to know assessor's name who is reviewing my application at desktop assessment stage?

No, the organization will not be able to know assessor name and details who is reviewing the application.

## 78. What is the HCO supposed to do if the application has been rejected at desktop assessment?

If the application has been rejected at the DA level, the HCO should go through the DA remark uploaded by the assessor regarding the discrepancy in the form submitted by the HCO, The HCO should rectify the same and apply afresh under the program.

## 79. What if I face any technical issue while closing NC's?

HCO can e-mail the program officer for any technical issue or concern.

## 80. Will onsite assessor be the same as DA assessor?

It is not necessary that desktop and onsite assessor will be same

## 81. Why is my application first accepted at DA stage but later on it got rejected?

There must be some discrepancy in the documents submitted by the HCO, The HCO can go through the DA remark uploaded by the assessor regarding the discrepancy.

## 82. What if the Desktop assessor of my application raised a lot many NCs, will my assessor can be changed after I request to NABH?

The hospital may write to NABH Secretariat([hope@qcin.org](mailto:hope@qcin.org)) regarding the queries of Desktop Assessment. The NABH Secretariat will reply to the hospital in this regard by taking the opinion from the Assessor. The assessor change request will not be entertained.

No matter how many NCs the assessor has raised, The HCO will have to reply to all the NCs, failing which the application will get inactivated. Also, the request for assessor change will not be entertained.

## Assessment Planning

### 83. How is the date of assessment decided?

The date is decided as per the assessor's availability and schedule of assessment team. The date of final assessment shall be agreed upon by the HCO management and assessors.

### 84. Who will bear the transportation cost for the assessor?

HCO will bear the travel and stay arrangements of the assessor

### 85. What are the things that HCO should consider while booking the transportation for the assessor?

Assessor is to be provided with local hospitality of lodging and boarding in a clean hotel with good reputation within reasonable proximity of HCO. The location must also consider the route and time that assessor will have to travel on his way back to the port of exit after the assessment.

### 86. Do the HCO need to pay anything to the assessor?

No, HCO do not have to pay anything to the assessor. In fact, any payment will be looked upon adversely by NABH. If assessor demands anything, please report to the NABH immediately. The feedback shall remain confidential and will not affect the assessment process at any stage.

### 87. If the assessor requests to arrange stay even after the inspection is done, what is to be done?

The HCO should not book extra stay for the assessor after the assessment has been completed.

### 88. Does the HCO get the details of the assessment team who is going to assess the organisation?

Yes. An email will be sent to the registered email address of HCO with the details of assessment team.

### 89. How and when HCO can contact assessment team?

Once the assessment team is assigned, the HCO may contact assessment team on the contact details which are shared on registered email address.

### 90. What is the role of assessment team in assessment?

The assessment team reviews the HCOs 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.

### 91. Where the assessment report is uploaded in the NABH portal?

The assessment report is visible to the HCO on the HOPE portal.

### 92. Can the HCO call assessors after the assessment for the clarification about the non- compliances raised?

The assessment report is discussed by the assessor with the assesses during closing meeting. The HCO may clarify any doubts during closing meeting.

### 93. What is the policy on giving mementos or gifts to the assessor?

No gifts to be given to assessors at any point. NABH will look adversely upon this practice.

## On Site Assessment

### 94. What does the assessment team do during onsite assessment and how it is conducted?

The assessment team checks the compliance of NABH standards by reviewing the records and documents of healthcare organisation, taking facility rounds, interviewing the staff, patients and management.

The on-site assessment will be conducted by the team of assessor/s. He/she will take round of facilities of the hospital, check the documents and records, take photos, interview staff, upload evidences, etc. It is a finding process to check whether the on- site evidence matches the requirements of the standard

## **95. What is the timeline for getting inspection date after the application has been accepted for DA?**

3 – 4 weeks, it may be subjected to change due to different reasons like delay in the responses from the hospital, inadvertent reasons, etc.

## **96. Can HCO choose an inspection date?**

No, it will be only assigned by the NABH secretariat. However, HCO will have an option to accept/reject the assigned on-site assessment date.

## **97. Can an assessment be conducted on a national holiday?**

No, the assessments cannot be conducted on National Holidays i.e. Republic Day – 26th January, Independence Day 15th August and Gandhi Jayanti 2nd October.

## **98. When is HCO eligible for on-site assessment?**

HCO are eligible only after the successful completion of desktop assessment stage.

## **99. What all documents I must prepare before the inspection?**

All statutory compliances, consultant list, other manpower details (nurses, RMO's, paramedical staff etc.), NC closure of desktop assessment and all other documents submitted during desktop assessment should be available.

## **100. On which days of week inspection will take place?**

Inspection can take place any day between Monday to Saturday

## **101. What happens if assessor rejects the date?**

A new assessor will be allocated for the same date or nearest possible date. The same will be updated to HCO via e-mail and remarks on portal.

## **102. What to do if assessor is not picking up my call after repeated attempts for travel and accommodation arrangements?**

In such case, HCO must report the issues to NABH secretariat.

## **103. What if any information provided by HCO in registration form does not comply with the information gathered during on-site verification?**

Assessor will have the option of raising an NC (Non-Compliance) for the information which they find to be incorrect. HCO has to clear all the NCs to be eligible for certification. HCO will have a maximum of 2 chances to clear all the NCs.

## **Closure of NCs**

### **104. What is non-compliance?**

When an assessor identifies evidences during assessment that the care and the services provided in HCO do not meet the Entry level standards, it will consider that as a Non-Compliance.

### **105. Where can I see NC's?**

The NCs can be viewed on the HOPE portal.

### **106. How to close NC's?**

The HCO must submit Corrective and Preventive Action (CAPA) against raised each NC's. The HCO must also submit the evidence of CAPA as implemented across organisation as the closure of NC's.

#### **107. What is CAPA?**

CAPA stands for corrective and preventive action

- **Corrective action:** Action taken to eliminate the cause of Non-Compliance so as to prevent reoccurrence.
- **Preventive action:** Action taken to prevent the occurrence of Non-compliance as a result of risk analysis.

#### **108. What if the hospital SPOC person changes?**

The HCO must inform about the change to the Program officer through email with a request letter on the hospital letter head signed by competent authority of the hospital.

#### **109. How many opportunities or chances are given to Hospital for submission of closures of NCs raised during assessment?**

Two Opportunities, Cycle-1 and Cycle-2

#### **110. What to do if CAPA for NC's in cycle-2 are not accepted?**

The HCO is given only 2 opportunities for CAPA Submission. If there are still open NC'S after cycle 2 the case will be placed in the certification committee with the available document for the final decision.

#### **111. What if all NC's are accepted in cycle-1 itself?**

If all NC's are accepted in cycle-1 the case will be taken to the certification committee for final decision.

#### **112. Is the Hospital required to submit the CAPA in hard copies and send to NABH?**

CAPA report is to be uploaded on portal only.

#### **113. What is the next step in certification process once the assessor completes the assessor review?**

Once the assessor completes the CAPA review cycle-2, the case is taken to Certification committee for review and decision.

#### **114. What is the required format uploading any document under HCO document tab?**

File can be uploaded in file type of .doc, .docx, .pdf, .xls, .xlsx, .jpg, .jpeg.

#### **115. Does HCO have access to view non-compliances raised by the assessment team?**

Yes, Assessment report is shared by assessor. Once reports are uploaded in the portal, HCO can also view the reports.

#### **116. Do the numbers of non-compliances raised during assessment have any adverse effect on the process of certification?**

Non-Compliances are raised for the information which assessor may find to be incorrect. Effective replies to all the NCs raised during and after assessment during CAPA cycles make HCO eligible to undergo for further process.

#### **117. How many evidences are required to upload for a non compliance?**

There is no limit for the number of evidences to be submitted for a non- compliance.

#### **118. Can HCO edit the submitted corrective actions?**

No, Once submitted, the corrective actions will be non-editable.

#### **119. How to reply on the non-conformities, if any raised during the onsite assessment?**

If there are any non-conformities, they can be replied by uploading the requisite evidence to close the same.

#### **120. Will HCO gets certification immediately after replying to all the NCs correctly?**

No, first the NABH team will review all the information submitted against any non-compliance. After the successful verification of information case presented to the certification committee, review committee will check the assessment report on the basis of which final decision will be made.

#### **121. When can I reapply if my HCO is not recommended?**

If the reasons for rejection are fulfilled and closed, then HCO can apply afresh on portal

#### **122. How can a hospital contact NABH secretariat in case of any queries?**

Hospital can contact the designated program officer or send an email to [hope@qcin.org](mailto:hope@qcin.org)

### **Committee Review**

#### **123. What happens in Certification Committee?**

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

In case the committee finds deficiencies in the assessment report to arrive at the decision, additional documents or clarifications may be asked for by the committee from the HCO/ Assessor.

#### **124. What to do if I want to submit few documents to NABH after CAPA-2?**

You are requested to e-mail your documents and queries.

#### **125. Is it necessary to submit assessor feedback after onsite assessment?**

Yes, it is mandatory to submit assessor feedback as the stage will not proceed further without feedback submission

#### **126. Will the assessor have rights to view my feedback?**

The assessor does not have rights to view feedback given by hospital. The confidentiality is maintained.

#### **127. How will I get the intimation if my hospital has been recommended?**

The HCO will receive a communication through the portal once case has been recommended for Entry level certification by the committee.

#### **128. Does HCO needs to be present in the meeting of Certification committee?**

No, there is no provision for HCO to be present in the meeting of certification committee.

#### **129. What are the things which NABH issues after the certification committee grants the NABH certification?**

NABH shall issue a certificate along with Scope of services certificate to the HCO with a validity of 2 years. The applicant HCO must make all payment due if any to NABH, before the issue of certificate.

### **Certification**

#### **130. What will be the ongoing commitments from HCO side towards NABH after certification?**

The ongoing commitments of certified HCOs towards NABH will be:

- Diligently follow the NABH standards as an ongoing commitment towards
- patient safety and quality of healthcare.
- Correct use of NABH logo.
- Conduct the processes of HCO in a manner that addresses patient safety and quality in healthcare.

### 131. Where can HCO use the logo of NABH?

The rules for the usage of NABH logo are displayed on the NABH website.

### 132. What are the actions from NABH if HCOs fail in the commitments made to NABH as a part of certification?

On noticing the deviations with respect to the requirements of continuing the certification, NABH secretariat will be taking decision as per the adverse decision policy and procedures of NABH.

### 133. What if HCO have any grievance against the assessor, program officers?

HCO can contact the NABH secretariat through mail or through call mentioned in the link-  
<https://www.nabh.co/ContactUS.aspx>. Please click to the contact tab

### 134. Can I get fees refund?

Application fees once paid is not refundable.

## Focus Assessment

### 135. What is the process, if any certified Hospital wants to enhance the certification scope?

It can apply for focus assessment. Please refer to “NABH Policy and Procedures on Focus Assessment”

### 136. What is the process to apply for focus assessment?

The HCO is required to update for the purpose of focus assessment which needs to be conducted as focus assessment is done in case of addition in scope of services

The HCO must refer to policy for focus assessment.

[https://nabh.co/Images/PDF/Policy\\_for\\_Focus\\_Assessment.pdf](https://nabh.co/Images/PDF/Policy_for_Focus_Assessment.pdf)

### 137. Will the HCO will have NC'S in focus assessment?

YES, the HCO will have NC'S after focus assessment for which the HCO has to submit CAPA to the assessor through email

### 138. Is there any fee for Focus assessment?

Yes, the Healthcare Organisation is required to pay Rs15000/+taxes for focus assessment.

### 139. Does the focus assessment happen on site or through virtual mode?

It is onsite assessment which includes 1 assessor for 1 day.

## Certificate & Scope

### 140. What is process, once the HCO has received the certificate?

The HCO shall submit the signed copy of NABH Standard Agreement at the time of grant of certification. The agreement is required to be submitted on a stamp paper. A certified HCO shall abide by the conditions as mentioned in the agreement at all times during the duration of certification. Any deviation or noncompliance of the conditions of the agreement of grant of certification shall invite the action from NABH as mentioned in the document “NABH policies and procedures for dealing with Adverse and Other Decisions”.

### 141. How can a hospital once certified get soft copy of NABH certificates?

- a. Go to NABH website
- b. Click on What we do tab
- c. Select your program under
- d. Go to certified HCO's tab
- e. Click on the name of your hospital and download the soft copies of NABH Scope certificates.

**142. When can the Hospital expect the NABH certificate once it is certified?**

The hard copies are dispatched from NABH secretariat. This may take up to 30 working days after the grant of certification.

**143. How many certificates are granted to the HCO?**

The certification certificate is accompanied by “Scope of Certification” which shall define services being offered by HCO.

**144. How will get the hard copy of the certificate?**

The Hard copy of certificate and scope certificate will be dispatched at the hospitals address as filled in the application form.

**145. Will the HCO get recommendations of general services & specialty services both?**

The scopes will be provided as per the scope applied in the application form.

**146. Can I change the scope of services applied after inspection?**

No, HCO must fill the form correctly and any changed required in scope should be intimated to NABH Secretariat before the inspection.

**147. What if I have some scope related query after receiving the certificate ?**

The HCO can firstly check the scope of services tab of the application i.e., if the scope is not applied by the HCO, it will not be deliberated by the certification committee and reason for denial of the scope will be mentioned in the portal. If the hospital has any further concern regarding the scope please drop an email to [hope@qcin.org](mailto:hope@qcin.org)

**148. Can a hospital get the name changes done in the certificates once issued?**

Yes, it is possible to apply for a name change in the certificate, subject to compliance with NABH Policy and Procedure for Change of Name of an Accredited Certified Healthcare Organisation

**149. What is the procedure to add the scope of services?**

HCO needs to inform concerned NABH program officer about the addition of scope of service. For more information HCO can visit the NABH portal for NABH Policy & Procedure for Focus Assessment of an Accredited / Certified Healthcare Organisation.

## Appeal

**150. How can I appeal against the decision of certification Committee?**

The HCO may refer to the NABH website for the Policies and procedures for handling of appeals for the reconsideration of decision of certification Committee.

**151. What is the timeline in which appeal should be submitted?**

Appeal should be submitted about the decision in writing within 30 days to NABH in a prescribed format obtained from NABH website.

**152. Is there any fee for submitting appeal?**

No, there is no fee for submitting appeal.

**153. Can HCO appeal against the rejection of appeal?**

Once the appeal has been rejected, the hospital is required to comply with the decision that has been made.

## Complaints

### 154. Does NABH have a mechanism to receive complaints against its certified or applicant Hospital?

Yes, Complainant can write their concern against certified or applicant health care organization through Quality Setu portal available at NABH website

### 155. What is the email id for NABH help desk

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

### 156. What is the grievance redressal process/policy of NABH?

The HCO is required to register their complaint at Quality Setu: <https://qualitysetu.qcin.org/>

### 157. What is NABH helpline Number?

011-42-600-600

## Disclaimer

The contents are sample references to aid understanding of the Standards and are not prescribed by NABH as mandatory practices. Healthcare organizations are encouraged to modify them as per their scope and practices. NABH is not liable for misinterpretation, erroneous use, or non-conformities during assessment due to unmodified use of these contents.