



## **GENERAL INFORMATION BROCHURE**

**For**

**NABH Accreditation Programme for  
Allopathic Clinics 2<sup>nd</sup> Edition**

**-Modern practice of Medicine**



## 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. NABH provides accreditation to healthcare organisations in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence. The board while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

**International Society for Quality in Healthcare (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. ISQua has accredited NABH as an Organization. The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua. The HCO accredited by NABH will have international recognition. This will provide boost to medical tourism.

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 members of **Asian Society for Quality in Healthcare (ASQua)**.

NABH currently operates the following **Accreditation, Certification** and **Empanelment** programs:

### **Accreditation programs:**

1. Hospitals
2. Small Healthcare Organizations
3. Digital Health Standard
4. Blood Bank / Blood Centre
5. Medical Imaging Services
6. Dental Healthcare Services Providers
7. Allopathic Clinics
8. AYUSH Hospitals
9. Panchkarma Clinics
10. PHC
11. Clinical Trial (Ethics Committee)
12. Eye Care Organization
13. Care Home



**Certification programs:**

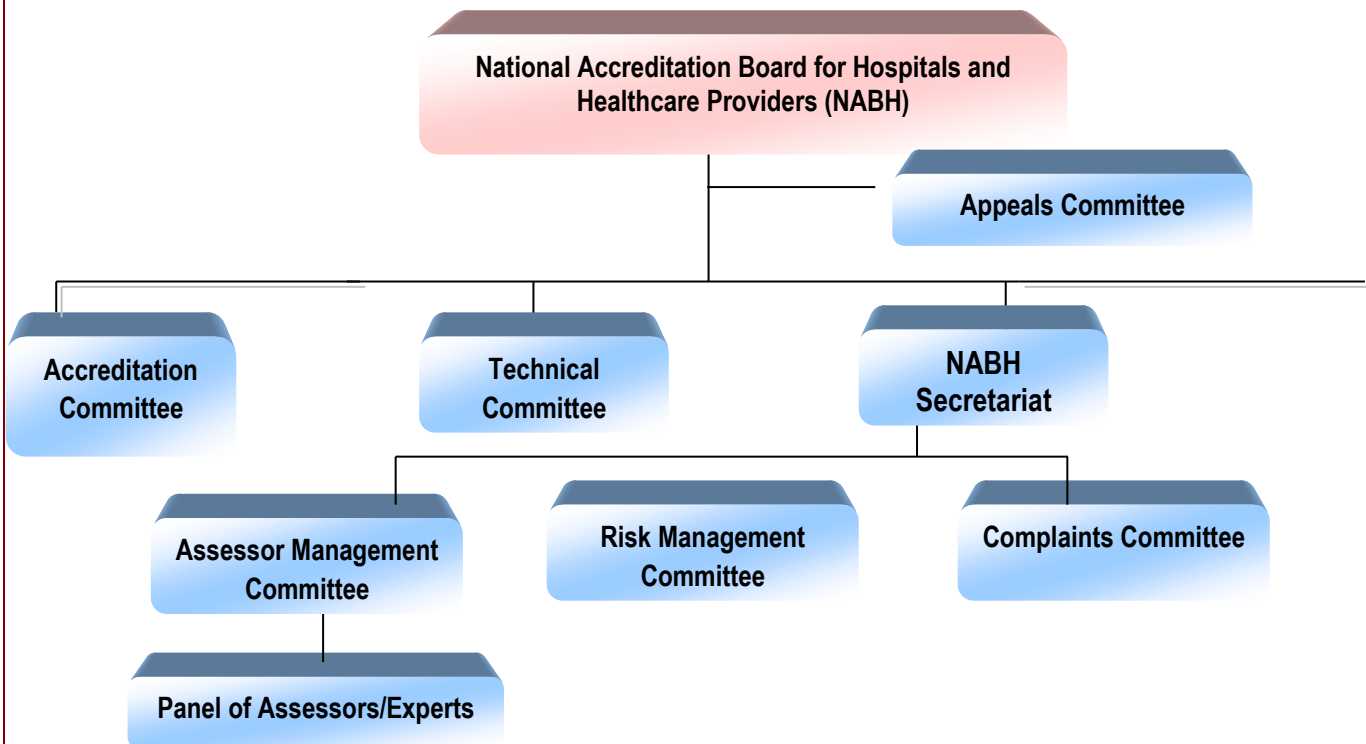
1. Entry Level Hospitals
2. Entry Level Small Healthcare Organizations
3. Digital Health Certification Programme
4. Digital Health Standard HIS/EMR Systems
5. Entry Level AYUSH Centre
6. Entry Level AYUSH Hospital
7. Nursing Excellence
8. Medical Laboratory Programme
9. Emergency Department in Hospitals
10. Entry Level Dental Clinics
11. Primary Stroke Center
12. Advanced Stroke Center

**Empanelment programs:**

1. Central Government Health Scheme (CGHS)
2. Ex-Servicemen Contributory Health Scheme (ECHS)
3. Medical Value Travel Facilitator Empanelment (MVTf)



## ORGANIZATIONAL STRUCTURE



### **Accreditation Committee**

Accreditation committee is the committee consisting technical experts of the standards and stakeholders.

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 Clinics.
- 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 Clinics 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**

To bring focus and deal with the anticipated workload the NABH secretariat has dedicated staff for each specific standard.

The Secretariat coordinate the entire activities related to NABH Accreditation to Clinics and healthcare organizations.

### **Panel of Assessors and Experts**

The NABH has a panel of trained and qualified assessors for assessment of Clinics.

- **Principal Assessor**

The Principal Assessor is overall responsible for conducting the assessment of the Clinics.

- **Assessors**

NABH has empanelled experts for assessment of Clinics. They are trained by NABH on Clinic accreditation and various assessment techniques. The assessors are responsible for evaluating the Clinic's compliance with NABH Standards.



## ACCREDITATION

### Definition of Accreditation

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.

### Benefits of Accreditation

#### For Patients

- Eliminating **QUACKERY** and ensuring care delivered by **qualified professionals**
- Improve quality of patient care
- Enhance **patient safety and satisfaction**
- Ensure **legal and regulatory compliance**



#### STAKEHOLDER BENEFITS

#### For Hospitals/ Clinics

- Improved **clinical outcomes**
- Better **operational efficiency**
- Benchmarking** with global healthcare standards
- Enhanced **hospital reputation and trust**
- Promote staff training and development

#### Financial & Operational

- Attracts **medical tourism**
- Reduced **waste and inefficiencies**
- Improved **documentation and record-keeping**

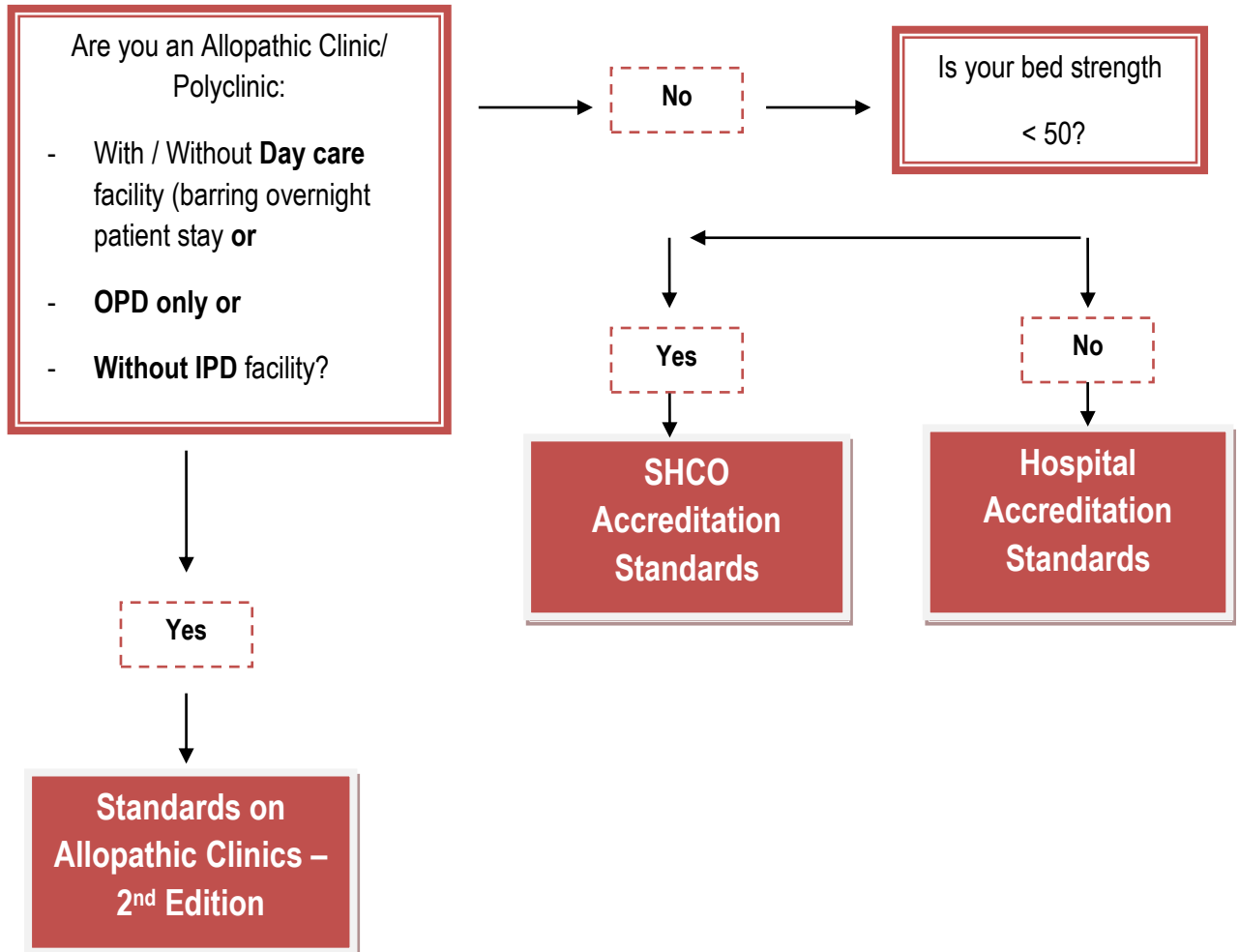


#### Competitive Edge

- Recognition** by national and international bodies
- Differentiates** the hospital in a competitive market
- Greater **trust among stakeholders**



**Under which NABH Accreditation Programme we can apply?**





## ALLOPATHIC CLINICS ACCREDITATION PROGRAMME- INTRODUCTION

In India, the Health System currently operates within an environment of rapid social, economical and technical changes. Such changes raise the concern for the quality of health care.

The shift from inpatient to outpatient care is drawing attention to the role of the primary care provider. Non-hospital-based care is now considered extremely important in the healthcare system. The focus on health promotion, disease prevention, treatment and rehabilitation within the community is gaining higher importance. Clinics are an integral part of the health care system. Clinics, which form the delivery arm of primary care or out of hospital care, have received less attention than other elements of healthcare as far as quality assurance is concerned. Moreover, key challenges in attempting to bring in a level of uniformity, continuity, coordination and standardization are due to the very nature of the way Clinics are positioned. They are mostly independent, lack networks, and are staffed with very minimal persons. Individualized care is the norm, rather than a system. Organization structures only exist in some cases. Widest diversity in service, infrastructure and patient profiles are seen. They do not come under any monitoring systems except in closed systems. This all bring in the necessity to introduce accreditation as a way to maintain standards, monitor performance, bring in patient centred practices, focus on safety, and have a collective effort across the region to continuously improve.

With this in mind, NABH has developed relevant and accessible quality assurance methods for Primary health care services i.e. clinics. The **Allopathic Clinics standards** were first released in the year January 2011 with an aim to mainly cater the small clinics having only OPD facilities and no inpatients. With the feedback from stakeholders and the need of existing healthcare industry in India, the **second edition** has been made comprehensive including the emerging **facilities of Day care, standalone facilities of Dermatology, Dialysis centres and Diabetes Clinics**. These are in natural alignment to the Hospital Standards.





## **NABH STANDARDS FOR ALLOPATHIC CLINICS**

NABH Allopathic Clinics standards – 2<sup>nd</sup> Edition contains complete set of standards for evaluation of Clinics for grant of accreditation. The standards provide framework for quality of care for patients and quality improvement for Clinics. The standards help to build a quality culture at all levels of Clinic.

NABH Standards for Allopathic Clinics 2<sup>nd</sup> edition has ten chapters and three speciality specific chapters incorporating 40 standards and 174 objective elements. The second edition standards focus on achieving patient safety for both smaller & large set ups in the country, thus designing the objective elements as Core, Commitment, Achievement and Excellence. Out of 174 objective elements, 52 are in Core category which will be mandatorily assessed during each assessment, 107 are in Commitment category which will be assessed during the Final Assessment, 13 are in Achievement category to be assessed during Surveillance Assessment and 02 are in Excellence category which will be assessed during re-accreditation.

### **Chapters:**

- Access, Assessment and Continuity of Care (AAC)
- Care of Patients (COP)
- Management of Medication (MOM)
- Patient Rights and Education (PRE)
- Infection Prevention and Control (IPC)
- Patient Safety and Quality Improvement (PSQ)
- Responsibilities of Management (ROM)
- Facility Management and Safety (FMS)
- Human Resource Management (HRM)
- Information Management System (IMS)



### **Specialty specific Standards:**

- Management of Dermatology services (MDS)
- Management of Dialysis Care (MDC)
- Diabetes Care and Management (DCM)

### **DEFINITION OF CLINIC:**

A healthcare facility that provides patient care services by Doctors registered with Medical Council of India/National Medical Council or State Medical Council (practicing Allopathic medicine).

The Clinic may be located in the community or in the premises of an organization, such as school, factory, etc. and includes healthcare facilities:

Sl. No.	Healthcare facility	Definition
1.	Clinic	A Single Doctor running healthcare facility (other than OPD of a hospital) providing patient care services.
2.	Polyclinic	A Clinic which provides services in 2 or more specialties, working in cooperation and sharing the same facilities.
3.	Dispensary	A Clinic, where along with consultation for patients, medicine is dispensed.
4.	Day Care Clinic*	Day Care clinic is the facility that has admitting beds for limited time period for providing patient care services (barring overnight stay).

\* The services include treatments such as ambulatory surgical procedures, dialysis, chemotherapy etc.

In addition, a "clinic" may have add on services as follows:

Diagnostic services such as:

- Clinico-diagnostic examination (e.g. Endoscopy)
- Procedures
- Laboratory-pathology, imaging etc.

Therapeutic services such as:

- Intervention
- Pharmacy etc.

Support services such as:

- Physiotherapy
- Occupational therapy
- Nutrition
- Counseling Services (e.g. Psychology Counseling)

*In the Standard, the Clinic/Poly Clinic/Dispensary/Day care Clinic hereinafter will be referred to as "Clinic".*

*These Standards are **NOT APPLICABLE** for non-allopathic systems of medicine such as Ayurvedic, AYUSH, homeopathic, wellness centres Alternative medicine streams etc.*

Exclusions:

1. Molecular Pathology/Biology Laboratory
2. Genetic Counseling
3. Immuno-histochemistry Lab
4. Flow-cytometry
5. MRI
6. Eye Clinic
7. PET Scan
8. Nuclear Scan

In case the clinic is a providing **Dermatology services**, Dermatology specific standards requirements are to be adhered to, which is a provided in chapter **Management of Dermatology** services along with the Allopathic clinic standard requirements.

In case the clinic is a providing **Dialysis services**, Dialysis specific standards requirements are to be adhered to, which is a provided in chapter **Management of Dialysis Care** along with the Allopathic clinic standard requirements.

In case the clinic is a providing **Diabetes services**, Diabetes specific standards requirements are to be adhered to, which is a provided in chapter **Diabetes Care and Management (DCM)** along with the Allopathic clinic standard requirements.

*Please refer to the NABH Standards for detailed information\**



## PREPARING FOR NABH ACCREDITATION

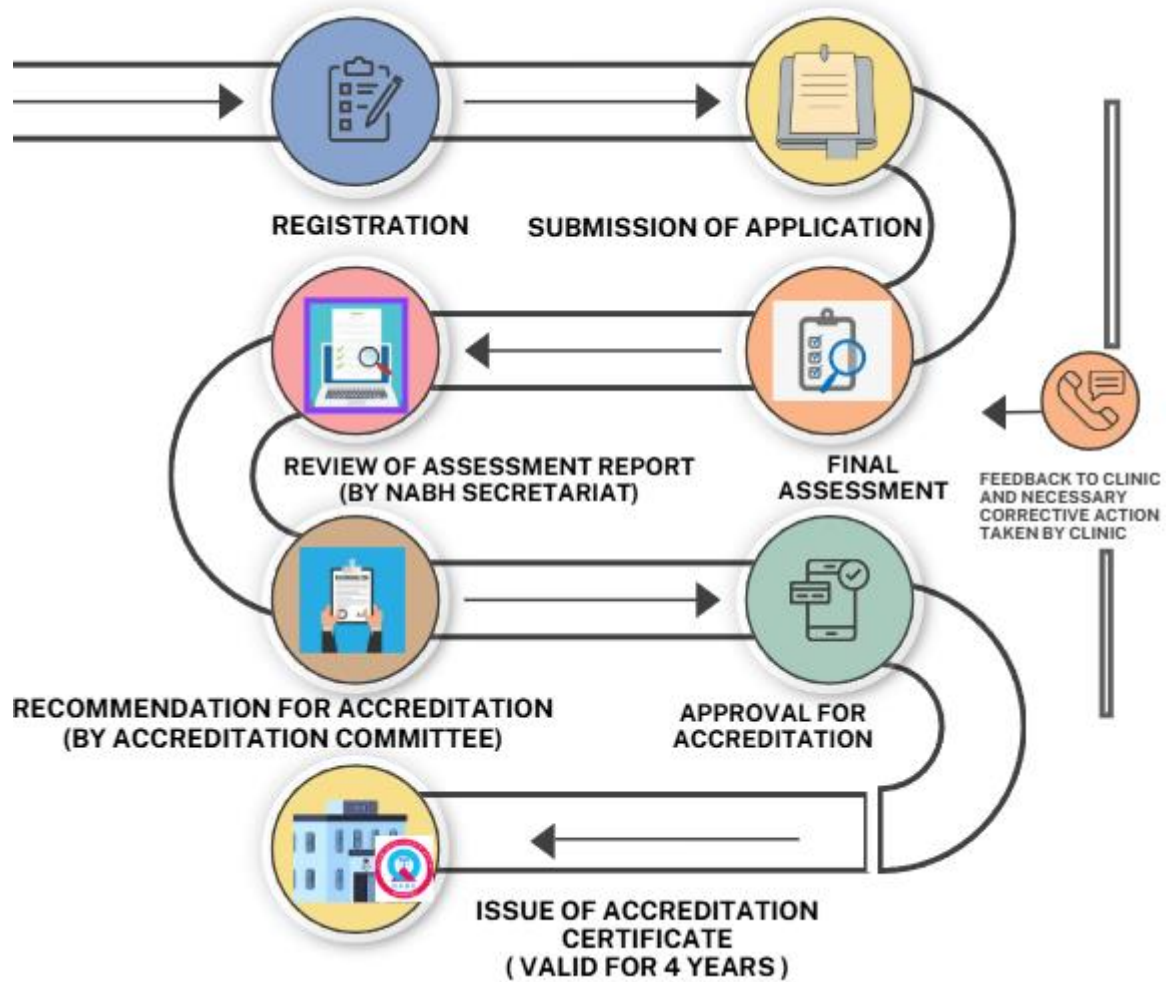
A Clinic willing to be accredited by NABH must ensure the implementation of NABH standards.

The assessment team will check the implementation of NABH Standards. The Clinic shall be able to demonstrate to NABH assessment team that all NABH standards, as applicable, are followed.

It is important for a Clinic to make a definite plan of action for obtaining accreditation and the responsible person should co-ordinate all activities related to accreditation. The person coordinating should be familiar with existing Clinic Standards. A copy of standards can be downloaded from the NABH website. Further clarification regarding standards can be obtained from NABH Secretariat by e-mail at **helpdesk@nabh.co**



## NABH ACCREDITATION PROCESS



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### Application for accreditation:

The Clinic shall register in NABH website under Allopathic Clinics 2<sup>nd</sup> Edition and complete the registration process and complete the application form. The application shall be accompanied with the following:

- Prescribed application fee as detailed in the NABH website.
- Submit the Self-Assessment Toolkit.
- Quality/ Clinic Manual (as per NABH standards) and other NABH relevant documents i.e. different policies and procedures of the Clinic as per requirement of standards.

Self-Assessment toolkit is a checklist of all the standards and objective elements. The clinic should carry out an evaluation of its services, documents etc against this checklist. In the journey of continuous improvement, the self-assessment checklist is valuable tool and the clinic can periodically reassess to measure the improvements or close deficiencies. The external assessment is also carried out along the same lines. This therefore provides an objective method of standardized evaluations. The applicant Clinic must apply for all its facilities and services being rendered from the specific location. NABH accreditation is only considered for Clinic'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 respects, an acknowledgement letter after submission of application fee, shall be issued to the Clinic with a unique **reference number**. The Clinic shall be required to quote this reference number in all future correspondence with NABH. After scrutiny the Clinic is required to submit the annual fee of four years at one time as detailed in the website for respective category.

For fee, refer to '**Assessment criteria and Fee structure**' at the end of the brochure.

### Assessment:

The documents uploaded by Clinic will be reviewed by NABH secretariat and the appointed assessor and feedback for the same shall be given to the clinic for adequacy or any further requirements/ deficiencies to be closed.





Once the documentation is found appropriate, the date of assessment shall be finalised in agreement with the Clinic management and assessors.

NABH appoints a Principal Assessor/ Assessment Team who is responsible for assessment of the Clinic. The assigned team can check the application and documents uploaded by clinic. The total number of assessors appointed is specified further.

The on-site assessment involves comprehensive review of Clinic scope, documentation & records, staff and patient interview and facility rounds with an aim to assess compliance to the NABH Clinic standards.

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

The Clinic is required to take necessary corrective actions to close the non-conformities pointed out during the assessment and send them to NABH Secretariat in prescribed format and within agreed timeframe.

#### **Scrutiny 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 decide the award of accreditation or otherwise as per details given below.

#### **Qualifying criteria for accreditation are as below for a new applicant:**

- All the regulatory legal requirements should be fully met.
- For an organisation to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:
  1. The score for every core objective element must not be less than 4.
  2. No individual standard should have more than one objective element scored as 2 or less.
  3. The average score for individual standards must not be less than 4.
  4. The average score for an individual chapter must not be less than 4.
  5. Every objective element with a score of 3 or below should have an accepted action plan with timelines.





*Verification assessment can be recommended in some cases by the Principal Assessor or by the Accreditation committee as may be the case.*

*The scoring criteria will vary for Surveillance and Renewal Assessment\**

### **Issue of Accreditation Certificate:**

On recommendation by Accreditation Committee and approval by Board of NABH, the clinic will receive an intimation of grant of accreditation, followed by a formal award of Accreditation certificate.

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

The clinic is expected to maintain and improve its level of achievement in the years following accreditation.

The applicant Clinic shall be required to pay one-time annual fee of 4 years before the assessment.

All decisions taken by NABH regarding grant of accreditation shall be open to appeal by the Clinics, to chairman NABH, if appealed within 30 days of intimation by NABH secretariat to Clinic.

### **Surveillance and Re assessment:**

Accreditation to a Clinic shall be valid for a period of four years. The accreditation will be a four-year cycle with a midterm Surveillance Assessment at 21-24 months of accreditation.

As part of surveillance some reports may be asked by NABH from the accredited clinic from time to time.

The Clinics should 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 / Surprise Assessment, based on any concern or any serious incident reported upon by an individual or organization or media.



## SUPPORT OFFERED BY NABH

### **FREE Online**

Awareness Sessions:  
Twice a month for  
understanding of  
Program



### **FREE Toolkit**

for sample  
Policies/SOPs/Formats  
to streamline  
documentation :  
**E-Mitra**

**WE ARE THERE TO HELP!**

### **FREE Guidebook:**

Comprehensive  
interpretation on  
objective elements



### **Program On** **Implementation**

: Open/Closed  
(on demand)  
On Charges  
e.g. Rs. 1,60,000/- for 40  
candidates (Rs. 4,000 per  
person)



## FINANCIAL TERMS AND CONDITIONS

General information brochure	Free of cost (on website)
NABH Standards for Clinic accreditation	Free of cost (on website)
Guide book to NABH Standards for Clinic accreditation	Free of cost (on website)

### **Assessment criteria and Fee structure**

Size of Clinic	Assessment Criteria		Accreditation Fee	
	Final Assessment	Surveillance Assessment	Application Fee (not-refundable)	Annual Fee (to be paid one time for 4 years)
Clinic/dispensary	One man day (1x1)	One man day (1x1)	Rs. 5,000/- Plus 18% GST	Rs. 15,000/- Plus 18% GST
Clinic/dispensary with additional services OR Polyclinic OR Polyclinic with additional services	Two-man days (2X1)	One-man day (1X1)	Rs. 10, 000/- Plus 18% GST	Rs. 40,000/- Plus 18% GST

**\*The fee structure is nominal and 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 mandays and fee structure may be charged.**



