

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



**Small Healthcare Organization  
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 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.

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 Trial (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 accreditation program for Small Healthcare Organizations (SHCO) was started in the year 2010 with the aim of reaching quality and accreditation to hospitals with upto 50 beds and that are in possession of supportive and utility facilities that are appropriate and relevant to the services being provided by the organization.

Hospitals upto 50 beds can apply under this program. That may also include day care centres upto 50 beds and super speciality centres. Since in our country the number of small hospitals or nursing homes surpasses the number of big hospitals, the number of standards and objective elements in the SHCO standards have been reduced from the hospital accreditation standards.





The special benefits include accreditation that relies on establishing technical competence of healthcare organizations in terms of accreditation standards in delivering services with respect to its scope. It focuses on learning, self-development, improved performance and reducing risks. It encourages healthcare organizations to pursue continual excellence.





## 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. Patient's satisfaction is regularly evaluated.

### Benefits for Organization

- Accreditation to a Small healthcare Organizations 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 Small healthcare Organizations 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.

### Benefits for Staff

- The staff in an accredited Small healthcare Organizations 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 Small healthcare Organizations Small healthcare Organizations.
- 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 Small Healthcare Organization (SHCO)

The Small Healthcare Organization 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 Small Health Care Organisation (SHCO) Standards contains complete set of standards for evaluation of SHCO for grant of accreditation. The standards provide framework for quality of care for patients and quality improvement for SHCO. The standards help to build a quality culture at all level and across all the function of SHCO.

NABH Standard has 10 chapters incorporating 61 standards and 289 objective elements.

Ten chapters of SHCO 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. Continuous Quality Improvement (CQI)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)





## Methodology for Accreditation

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

The assessment team look for the evidence of implementation of NABH Standards in organization. The Small Healthcare Organization should be able to demonstrate to NABH assessment team that all NABH standards, as applicable, are followed.

### Eligibility to apply for Small Healthcare Organization accreditation

Small Healthcare Organization that fulfils the following requirements:

- Currently in operation and registered as a healthcare provider, hospitals below 50 beds are eligible to apply under this program.
- Day Care Centres up to 50 Beds
- Super Speciality Centres up to 50 Beds
- Speciality Centres with up to 50 Beds
- Healthcare Organization should have implemented NABH standards in the SHCO for a minimum of three months.
- The organization that commits to comply with NABH standards and applicable legal / statutory / regulatory requirements.

Super Speciality centres are the centres which reflect requirement of DM/MCH or equivalent qualified personnel. Speciality centres are the centres which reflect requirement of MD/MS or equivalent qualified personnel.

**Note:** If the SHCO has super specialty procedure being performed, Operation Theatre should follow the super speciality OT guidelines:

#### Exclusions:

- Polyclinic
- Diagnostic Centre

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 Small 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.

SHCO need to procure a copy of the standard. One can purchase the standards by making the payment at the website <https://www.nabh.co/NABHStandards.aspx>

### How to apply?

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

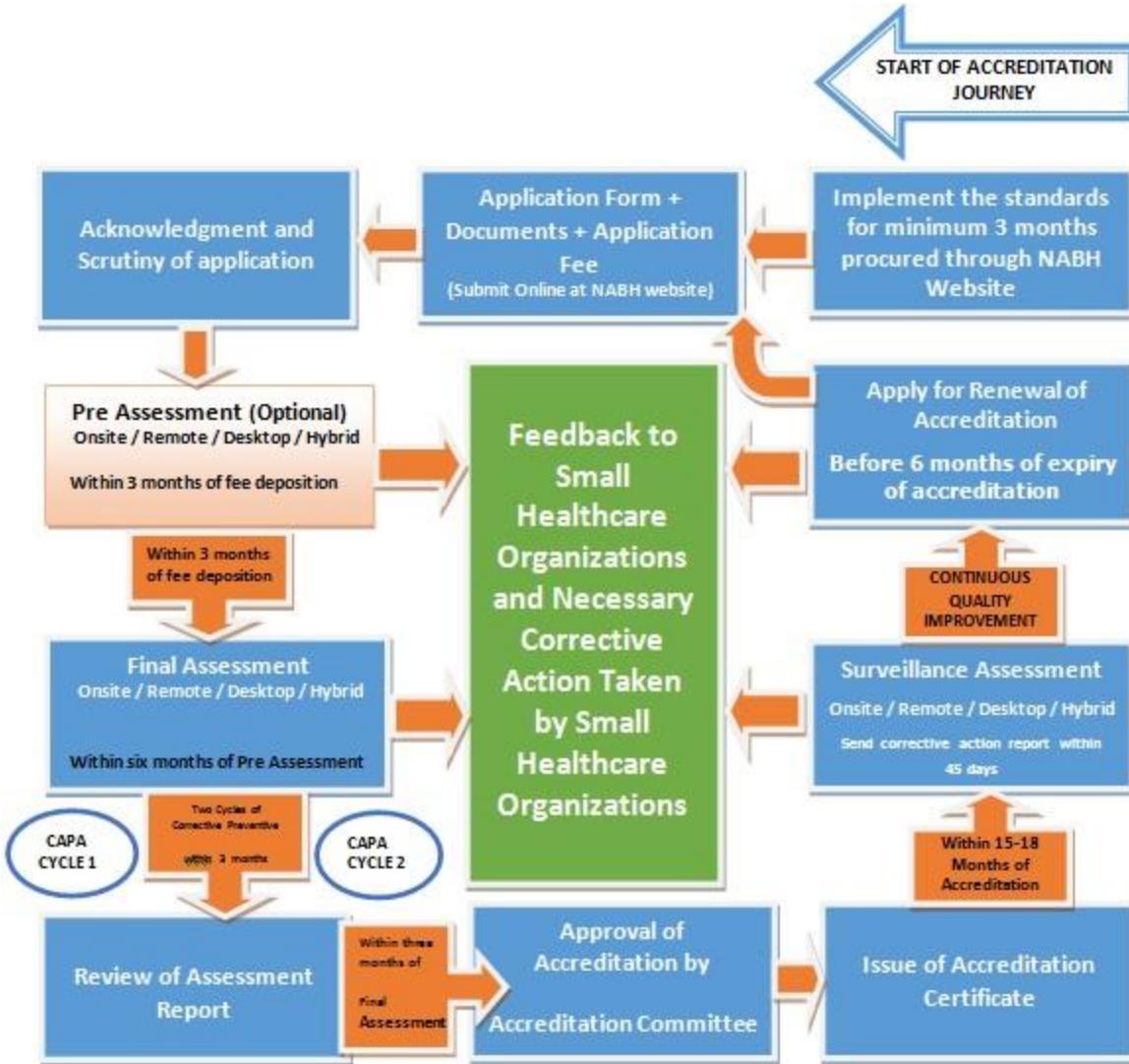
- (a) Use a new email id for registration
- (b) Choose 'Small Healthcare Organization' as Application Type
- (c) NABH shall activate the email id and provide you the login and password

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





## Preparing for NABH Accreditation





## NABH Accreditation Procedure

### Preparation of Policies and Manuals:

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

### Application for accreditation:

The SHCO shall apply to NABH as per the instructions given in the online application. SHCO should fill the application and provide the information details very carefully as this are relevant to determine the scope of services.

### Scrutiny of Application:

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

### Notification of Principal Assessor and Assessment Team:

NABH shall appoint Principal Assessor who shall have the overall responsibility of conducting the assessment for the SHCO 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 Assessment conducted by NABH

NABH in coordination with the SHCO 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 the NABH Secretariat makes a visit to the SHCO for a predefined man day based on the bed strength of the SHCO, the assessors verifies the documents, facilities and conducts interviews in person at the SHCO.

The hospital needs to bear the cost of 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 SHCO 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 SHCO 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 (SHCO) 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 cannot be saved as part of particular SHCO 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 SHCO's which does 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 SHCO 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 SHCO shall take corrective actions on the non-conformities raised by the Principal Assessor/ team.

The SHCO 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 SHCO's can directly go for final assessment without opting for pre assessment. 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 SHCO 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.

Small 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 SHCO.

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

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

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





## NABH Accreditation Procedure

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

Accreditation to the SHCO shall be valid for a period of three years. NABH shall conduct surveillance before completion of 15-18 months since the date of accreditation of the accredited SHCO.

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

The SHCO may 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 SHCO 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)





## 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 SHCO 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>



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## 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 are 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

NABH SHCO 2<sup>nd</sup> Edition Standard : Rs. 1500/-

Application fee and NABH Accreditation charges:

<b>Small Health Care Organization</b>				
Pre-assessment	Assessment	Surveillance	Application Fee	Annual Accreditation Fee
Two man-days (2x1)	Four man days (2x2)	One man day (1x1)	Rs. 25000/-	Rs.110000/-

**\*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. You are requested to please include the service tax in the fees accordingly while sending to NABH.

## CONTACT DETAILS

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

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