GENERAL INFORMATION BROCHURE

For

NABH Accreditation Programme for Clinics-Allopathy-Modern practice of Medicine
Introduction

In India, the 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. Clinic is an integral part of the health care system.

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 fast gaining higher importance. 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 the more brings 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. These are in natural alignment to the Hospital Standards, but with a community focus. The focus areas are:

- Access, Assessment and Continuity of Care (AAC)
- Care of Patients (COP)
- Patient Rights and Education (PRE)
- Infection Control (IC)
- Continuous Quality Improvement (CQI)
- Responsibilities of Management (ROM)
- Facilities Management and Safety (FMS)
- Community Participation and Integration (CPI)

Achieving accreditation will bring an improved level of community confidence and trust, bring safety and quality into focus, provide a comprehensive roadmap for standardization, and promote a culture that is patient centered, systems oriented and one of continuous learning.
Consequently, improved Patient Satisfaction levels, improved health outcomes, external recognition, and an enhanced reputation will bring pride and confidence to the care providers. These are further explained below.

**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**

**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 Clinic**

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

**Benefits for Clinic Staff**

The staffs in an accredited Clinic are 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.
DEFINITION OF CLINIC:

A standalone healthcare facility that provides allopathic services by Doctors registered with Medical Council of India or State Medical Council.

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Healthcare facility</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clinic</td>
<td>A standalone healthcare facility for services (other than OPD of a hospital).</td>
</tr>
<tr>
<td>2.</td>
<td>Polyclinic</td>
<td>A Clinic which provides services in 2 or more specialties, working in cooperation and sharing the same facilities</td>
</tr>
<tr>
<td>3.</td>
<td>Dispensary</td>
<td>A Clinic, which in addition to patient care, provides facilities for dispensing medicines.</td>
</tr>
</tbody>
</table>

In addition a “clinic” may have *add on* services as follows:

<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diagnostic services</td>
</tr>
<tr>
<td></td>
<td>• Laboratory</td>
</tr>
<tr>
<td></td>
<td>• Imaging</td>
</tr>
<tr>
<td></td>
<td>• Other</td>
</tr>
<tr>
<td>2.</td>
<td>Therapeutic services such as:</td>
</tr>
<tr>
<td></td>
<td>• Procedures</td>
</tr>
<tr>
<td>3.</td>
<td>Support services such as:</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy</td>
</tr>
<tr>
<td></td>
<td>• Physiotherapy</td>
</tr>
<tr>
<td></td>
<td>• Nutrition</td>
</tr>
<tr>
<td></td>
<td>• Counseling etc.</td>
</tr>
</tbody>
</table>

*In the Standards, the Dispensary/Polyclinic/ Clinic hereinafter will be referred to as “Clinic”*

Exclusions:

1. *Day-care Centers:*

Day Care will include facilities that have admitting beds for treating patients, Other than for overnight stay.

The services may, in addition, include services, diagnostics and treatments such as ambulatory surgical procedures, dialysis, chemotherapy etc.

*These Standards are NOT APPLICABLE for non allopathic systems of medicine such as Ayurvedic, AYUSH, homeopathic, wellness centers Alternative medicine streams etc.*
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 program for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, has full functional autonomy in its operation.

The objective of NABH is enhancing health system & promoting continuous quality improvement and patient safety.

NABH, at present is operating following accreditation programs:

- Clinics - Allopathy
- AYUSH Hospitals
- Wellness Centres
- Dental Centres
- Medical Imaging Services (Radiology centres)
- Community Health Centre and Primary Health Centre
- Small Health Care Organizations/Day Care Centres
- Blood Bank and Transfusion Services
- Hospitals
NABH accreditation is aimed at establishing common framework for healthcare organizations to demonstrate and practice compliance to patient safety protocols. Although accreditation is voluntary, there is growing trend whereby regulatory/affiliating/paying agencies are using NABH accreditation for empanelment of hospitals. As a major initiative, NABH has launched massive awareness program to improve quality of public healthcare delivery system in the country. 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 PHILIPPINE is the first overseas destination for extending NABH accreditation services.

International Society for Quality in Healthcare (ISQua) has accredited “Standards for Hospitals”, 2nd Edition, November 2007 developed by National Accreditation Board for Hospitals & Healthcare Providers (NABH, India) under its International Accreditation Programme for a cycle of 4 years (April 2008 to March 2012). 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.

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

Council

Governing Body

Secretariat

ACCREDITATION

National Accreditation Board for Certification Bodies (NABCB)
National Accreditation Board for Education and Training (NABET)
National Accreditation Board for Hospitals and Healthcare Providers (NABH)
National Accreditation Board for Testing and Calibration Laboratories (NABL)
National Board for Quality Promotion (NBQP)
Quality Information and Enquiry Service (QIES)

APPEALS COMMITTEE

Technical Committees for all the programmes

Secretariat

Panel of Assessors
Organizational Structure

Accreditation Committee

Accreditation committee for clinic may be formed with the separate team given the growing diversity of standards and consequent workload. The members will be technical experts of the standards and stakeholders (e.g. IMA members, etc).

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.
Organizational Structure

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 pre-assessments and final assessments 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.

- **Training and capacity building instructors**

  Given the vast number and spread of Clinics in the country, NABH will rely on building a pool of highly competent experts at the central level. After two yrs NABH will introduce Instructor level courses only at Central level, these instructors will be authorised by NABH to run assessor and implementation courses across the country. They will be authorised to test and issue the certificates to the candidates on behalf of NABH.

  For any Assessor Programmes NABH Instructor will send following to the secretariat:

  1. Prior intimation and permission for carrying out the Course
  2. List of eligible or selected candidates along with the eligibility criteria
  3. Fee sharing either through purchase and use of copyrighted training material supplied by NABH or as a percentage of fee collected.
  4. Recommendation and test result with marks for dispatch of certificate by NABH to candidate under intimation to the instructor.
  5. Based on recommendation Assessor will be empanelled with NABH for carrying out Clinic Assessments.

  These experts will further organize “train the trainer” programmes in the various states.
Under which NABH Accreditation Programme we can apply?

- Are you only a Clinic / Polyclinic / Dispensary?
  - Yes: Standards on Clinic
  - No: Is your bed strength < 50 / Day care centre?
    - No: Hospital Standards
    - Yes: Do you have super-specialities?
      - No: SHCO Standards
      - Yes: Does it provide only Day Care?
NABH Standards for Clinics prepared by technical committee 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 Clinic-Allopathy has eight chapters incorporating 30 standards and 139 objective elements.

Outline of NABH Standards

- Access, Assessment and Continuity of care (AAC)
- Care of Patients (COP)
- Patient Rights and Education (PRE)
- Infection Control (IC)
- Continuous Quality Improvement (CQI)
- Responsibilities of Management (ROM)
- Facilities Management and Safety (FMS)
- Community Participation and Integration (CPI)

Note: The Chapter 8 - Community Participation and Integration is optional and can be excluded from the scoring depending upon the scope of the service at the Clinic.

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 [www.qcin.org](http://www.qcin.org) or requested from the Secretariat. Further clarification regarding standards can be obtained from NABH Secretariat in person, by post, by e-mail or on telephone.

For application and other relevant documents may be downloaded from the NABH website.

The other details are explained below.
Obtain a copy of NABH Standards
(From NABH office)

Understand the standards and objective elements and implement them

Obtain a copy of Application Form
(From NABH web site)

Fill and submit the Application along with other required documents & Application fees
(To NABH Secretariat)

Acknowledgment and Scrutiny of application by NABH

Assessment of Clinic

Review of Assessment Report

Feedback
To
Clinic
And
Necessary Corrective Action
Taken By Clinic
NABH Accreditation Procedure

Application for accreditation:

The Clinic shall apply to NABH on 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/ Clinic Manual (as per NABH standards) and other NABH relevant documents i.e. different policies and procedures of the Clinic

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 and rate itself as fully met, partially met or not met. 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 for the application 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.

Assessment:

NABH appoints a Principal Assessor/ Assessment Team who is responsible for assessment of the Clinic. NABH forwards the application form, documents, procedures, Self assessment toolkit to the Principal Assessor/ Assessment Team. The total number of assessors appointed shall be as specified in the application form.

The documents 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.

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.

A copy of on-site assessment report is handed over to the Clinic by the Principal assessor which includes details of non-conformity/ies observed during the assessment. Detailed assessment report is also sent to 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 decided the award of accreditation or otherwise as per details given below.

Qualifying criteria 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.

Note: The Chapter 8 – Community Participation and Integration is optional and can be excluded from the scoring depending upon the scope of the service at the Clinic.

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

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 three 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 the requisite Annual fee before the grant of Accreditation Certificate and annually thereafter.

All decisions taken by NABH regarding grant of accreditation shall be open to appeal by the Clinics, to chairman NABH.

Surveillance and Re-assessment

Accreditation to a Clinic shall be valid for a period of three years. NABH conducts one surveillance of the accredited Clinics in one accreditation cycle of three years. The surveillance visit will be planned during the 2nd year i.e. after 18 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, based on any concern or any serious incident reported upon by an individual or organization or media.
**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 (from Secretariat)

Application fee and NABH Accreditation charges:

### Assessment criteria and Fee structure

<table>
<thead>
<tr>
<th>Size of Clinic</th>
<th>Assessment Criteria</th>
<th>Accreditation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*On-site Assessment</td>
<td>Surveillance (2(^{nd}) year)</td>
</tr>
<tr>
<td>Clinic/dispensary</td>
<td>One man day</td>
<td>One man day</td>
</tr>
<tr>
<td>Clinic/dispensary with additional services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Polyclinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Polyclinic with additional services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two man days</td>
<td></td>
</tr>
</tbody>
</table>

*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.

1. With a view to keep the expenses to be borne by the clinic at a minimal level NABH will ensure the assessors from the same city/town.
3. In case the clinic is located in a remote area where local assessor is not available an effort will be made to find the nearest located assessor(s) by NABH and the clinic will arrange their transportation by car/taxi/train/air and boarding and bear the cost for the same. As the demand for accreditation rises, NABH will facilitate two or more assessment in the same area at the same time thus helping with sharing of cost between the clinics.

4. The application fee includes assessment charges.

5. The fees to be paid by cheque/DD in favour of Quality Council of India, New Delhi.

6. The accreditation, once granted will be valid for three years, after which clinic will apply a fresh.

7. The first annual fee is payable after the clinic has successfully undergone an assessment and recommended for grant of accreditation by NABH. NABH will inform the clinic regarding the same and the clinic will send the annual fee after which formal Accreditation Certificate will be issued.

8. The accreditation certificate along with the scope of services shall be displayed prominently at the clinic.

9. The surveillance visit will be planned during the 2\textsuperscript{nd} year of the Accreditation cycle.

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

For further information please visit:

www.qcin.in

or

Contact:

Dr. Manisha Yadav  
Assistant Director  
National Accreditation Board for Hospitals and Healthcare Providers (NABH)  
Quality Council of India  
2nd floor, Engineer’s Building, Bahadur Shah Zafar Marg, New Delhi-2  
Email - manisha@nabh.co ; qci06@qcin.org  
Phone- 91-11-23379321, 23378056-58  
Telefax- 91-11-23379621