

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



GENERAL INFORMATION BROCHURE

2010



Hospital Accreditation for Siddha Hospitals

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

In India, 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. Siddha Hospitals are an integral part of health care system. Accreditation would be the single most important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of national Siddha hospitals to provide quality of care. National accreditation system for Siddha hospitals ensure that hospitals, whether public or private, national or expatriate, play there expected roles in national heath system.

Confidence in accreditation is obtained by a transparent system of control over the accredited hospital and an assurance given by the accreditation body that the accredited hospital constantly fulfills the accreditation criteria.



Benefits of Accreditation

Benefits for Patients

Patients are the biggest beneficiary among all the stakeholders. Accreditation results in high quality of care and patient safety. The patients are serviced by credential medical staff. Rights of patients are respected and protected. Patients satisfaction is regularly evaluated.

Benefits for Siddha Hospitals

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

Benefits for Hospital Staff

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

Benefits to paying and regulatory bodies

Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.



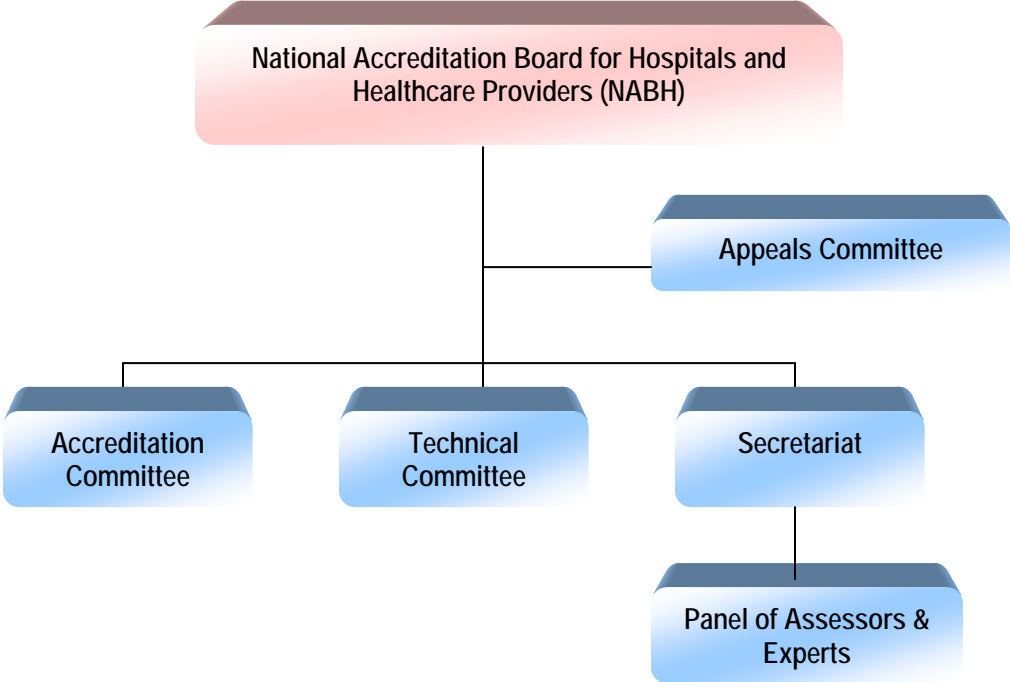
About NABH

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. NABH has been established with the objective of enhancing health system & promoting continuous quality improvement and patient safety. The board while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

NABH offers accreditation services to Hospitals, Small Health Care Organisations/Nursing Homes, Blood Banks, OST Centres, Wellness Centres and Medical Imaging Services. Accreditation of AYUSH Hospitals is a new initiative of NABH.



Organizational Structure



Organizational Structure

Accreditation Committee

The main functions of Accreditation Committee are as follows:

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

Technical Committee

The main functions of Technical Committee are as follows:

- Drafting of accreditation standards and guidance documents
- Periodic review of standards

Appeals Committee

The Appeal Committee addresses appeals made by the hospitals against any adverse decision regarding accreditation taken by the NABH. The adverse decisions may relate to the following:

- refusal to accept an application,
- refusal to proceed with an assessment,
- corrective action requests,
- changes in accreditation scope,
- decisions to deny, suspend or withdraw accreditation, and
- any other action that impedes the attainment of accreditation.

NABH Secretariat

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

Organizational Structure

Panel of Assessors and Experts

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

- **Principal Assessor**

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

- **Assessors**

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



NABH Standards

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

There are two kinds of standards - Accreditation Standards and Structural Standards. Accreditation standards are based on three components- structure, process and outcome. These standards measure the quality and safety aspects of the care delivered to the patients. Structural standards which are basically deals with infrastructural requirements to help the organisations to deliver quality of care. A minimum bed strength of 10 beds is essential for an Hospital to be considered for the Accreditation Program.

NABH Accreditation Standards has ten chapters incorporating 92 standards and 475 objective elements.

Outline of NABH Accreditation Standards

Patient Centered Standards

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



Organisation Centered Standards

- Continuous Quality Improvement (CQI)
- Responsibility of Management (ROM)
- Facility Management and Safety (FMS)
- Human Resource Management (HRM)
- Information Management System(IMS)

Assessment Criteria

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

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



Preparing for NABH Accreditation

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

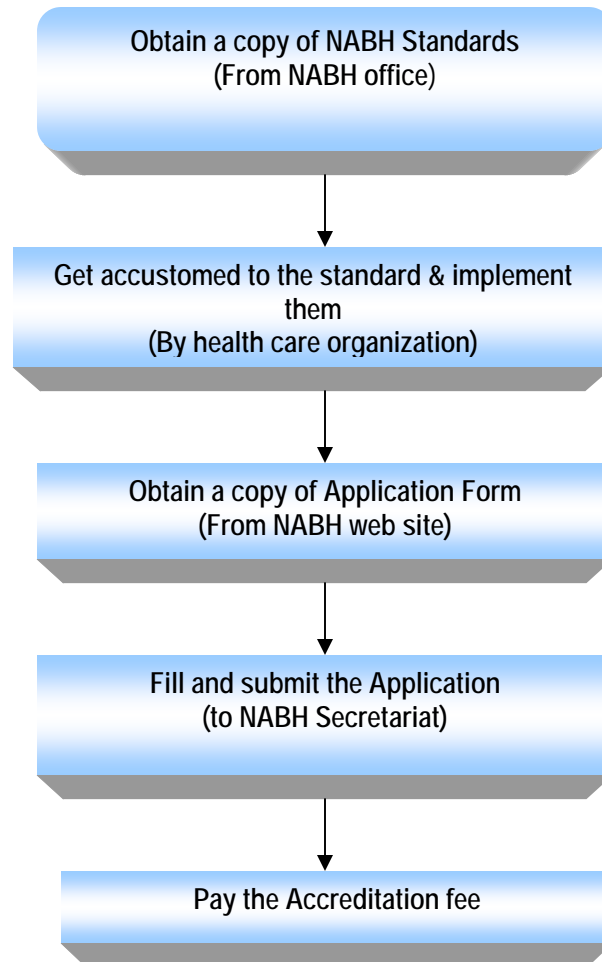
The Siddha Hospital shall procure a copy of standards from the NABH Secretariat against payment. Further clarification regarding standards can be got from NABH Secretariat in person, by post, by e-mail or on telephone.

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

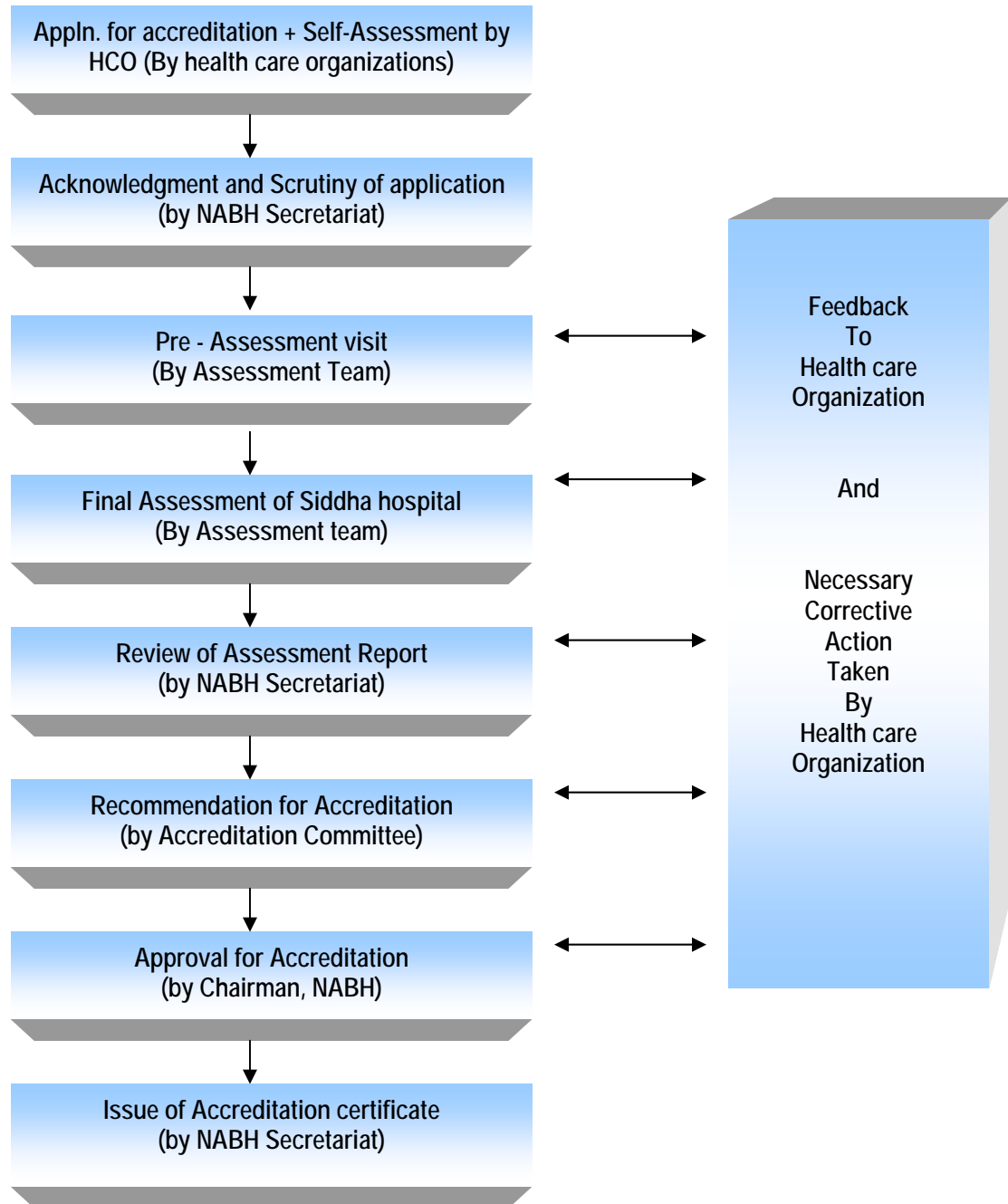
The Siddha hospitals can download the application form for NABH Accreditation from the web-site. The applicant hospital must have conducted self-assessment against NABH standards atleast 3 months before submission of application and must ensure that it complies with NABH Standards.



Preparing for NABH Accreditation



NABH Accreditation Procedure



NABH Accreditation Procedure

Application for accreditation:

The Siddha hospital shall apply to NABH in the prescribed application form. The application shall be accompanied with the following:

- Prescribed application fee as detailed in the application form
- Signed copy of 'Terms and Conditions for Maintaining NABH Accreditation', available free on the web-site
- Filled in Self Assessment Toolkit, available free on the web-site.
- Quality/ hospital Manual (as per NABH standards) and other NABH relevant documents i.e. different policies and procedures of the hospital

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

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

Scrutiny of application:

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



NABH Accreditation Procedure

Pre-Assessment:

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

Objective of Pre-assessment:

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

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

The Siddha hospital shall be required to pay the requisite Annual fee before the final assessment.



NABH Accreditation Procedure

Final Assessment:

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

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

The details of non-conformity(ies) observed during the assessment are handed over to the Siddha hospital by the Principal assessor and detailed assessment report is sent to NABH.



NABH Accreditation Procedure

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 as per details given below.

Accredited: Conditions for qualifying for accreditation are as below:

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

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

Issue of Accreditation Certificate

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

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

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



NABH Accreditation Procedure

Surveillance and Re assessment

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

The Siddha hospitals may apply for renewal of accreditation at least six months before the expiry of validity of accreditation for which reassessment shall be conducted.

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



Financial Term and Conditions

General information brochure : Free of cost
 NABH Accreditation and Structural Standards for Siddha hospital accreditation : Rs 750/

Application fee and NABH Accreditation charges:

Size of Hospitals	Assessment Criteria			Accreditation Fee (Rs.)	
	Pre-assessment	Assessment	Surveillance	Application Fee	Annual Accreditation Fee
10-49	Two man-day	Four man days(2x2)	Two man days(2x1)	20,000	60,000
50-99	Two man-day	Six man days(3x2)	Two man days(2x1)	30,000	1,00,000
100-200	Four man-day	Nine man days(3x3)	Four man days(2x2)	40,000	1,30,000
>200	Four man-day	Twelve man days(4x3)	Four man days(2x2)	60,000	1,60,000

* These are **maximum** suggestive man-days and could be reduced based on finding from Pre-assessment report and so will be annual fee.

** These are **minimum** suggestive man-days and could be increased based on finding from Pre-assessment report and so will be annual fee.

Service Tax applicable from time to time (currently @ 14.50%) will be charged on all the above fees. You are requested to please include the service tax in the fees accordingly while sending to NABH.



Notes on Accreditation fee:

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

