



Annexure -1

Requirements for HCO's applying for inspection under ECHS program:

The Healthcare Organizations (HCOs) shall apply for the inspection and recommendations for all the facilities available. The inspection shall be based on all or none criteria.

Legal/ Statutory Requirement:

Sl. No.	Mandatory Licenses
1.	Registration of the HCO with local registering authority (e.g. CMO-Chief Medical Officer, CEA-Clinical Establishment Act etc.)
2.	Pollution control board authorization and consent (Biomedical waste-BMW, Air, Water)
3.	Agreement for disposal of Biomedical waste with Bio Medical Waste collecting agency.
4.	Fire NOC from the competent authority Please refer to https://www.nabh.co/Announcement/Fire%20Safety%20Checklist%20-%2031st%20July%202018.pdf
	Licenses/consent from AERB to operate the Imaging equipment (if applicable):
1.	Registration under PC PNDT for USG
2.	License to Operate X-Ray (Fixed)
3.	License to Operate X-Ray (Mobile)
4.	License to Operate Cath Lab
5.	License to Operate CT Scan
6.	License to Operate C-Arm
7.	RSO Level I
8.	License to Operate OPG or Dental X ray
9.	License to Operate Nuclear Medicine Lab
10.	License to procure Radioactive Material (Diagnostic/Therapy)
11.	RSO Level II
12.	License to operate Radiation Therapy
13.	RSO Level III
14.	Drugs-Bulk license(s) if applicable
15.	Drugs-Retail license(s) if applicable
16.	Narcotic license if applicable
17.	License for MTP if applicable
18.	Blood Bank registration if applicable
19.	Organ Transplantation if applicable

*** Please note this list is not exhaustive and only includes some of the most common licenses**



Support Services:

- a. Availability of basic in-house basic laboratory & imaging services as per the scope of services within the premises is essential. However, for Tier-II and Tier-III cities, remote areas a) a MoU with NABL accredited laboratory is acceptable with an in-house collection centre b) For radiology services, a MoU with an outsourced centre is acceptable. However, the distance of such outsourced facility should not be more than 1.5 kms from the main premises of the HCO. QCI assessors shall be authorized to assess such outsourced centres.

Manpower

- a. **Nursing:** GNM/BSc nursing in accordance with the Indian Public Health Standards (IPHS) as per the bed strength and the average occupancy of the hospital for last 6 months.
- b. **RMO's:** MBBS duty officer in accordance with the Indian Public Health Standards (IPHS) as per the bed strength and the average occupancy of the hospital for last 6 months.

c. Consultants:

a) Full Time: allowed under Scope

- On the pay-roll of the organization
- Exclusive to the organization
- Has Out patient, In patient & Emergency rights
- Based upon credentials, has privileges for procedural and emergency rights

b) Part Time: allowed under Scope

- Not exclusive to the organization
- Has regular OPD at pre-determined intervals and days
- Has procedural rights, emergency rights as per credentials, who is not exclusive to the organization.
- Has privileges for admitting patients as per his credentials.

c) Visiting/ Consultants on case to case basis: not allowed under Scope

- No rights to conduct regular OPD
- Based upon credentials, can be given admitting rights
- Not exclusive to the organization
- Has certain privileges as per his/her credentials for In patient-IP care and can come on-call in case of emergency.
- No scopes can be granted considering Visiting/Case to case Basis consultants



Operation Theatre: NABH guidelines for Air Conditioning in Operation Theatres shall be applicable for super specialties.

Scope addition: HCOs can add additional specialties in the scope recommended by applying to QCI-NABH in the prescribed application form. If the original inspection of the Health Care Organization (HCO) was done within two years, QCI-NABH would inspect only for the addition of the scopes (upto 3 new scopes only). A focus inspection fee of Rs. 15,000/- plus applicable taxes (presently GST @18%) per HCO shall be charged for the scope addition. If the inspection was done prior to two years, full inspection of hospital/ centre shall be done. The HCO shall have to apply as a new applicant in this case.

Surprise inspections: QCI-NABH shall conduct the random Surprise inspections of the HCOs. The objective of the surprise inspections shall be to check the continued compliance to the parameters as laid down in the application form. Surprise inspections can also happen in response to adverse media report or based on complaints received at NABH or directions of ECHS.

*** Note: All the above requirements will be verified during the desktop and onsite inspection.**