



# **POLICY & PROCEDURE FOR HANDLING OF COMPLAINTS**



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## Objective

The document describes the policy and procedure for dealing with complaints received from various sources.

### 1.0. Definitions

- 1.1. Complaint: Expression of dissatisfaction, other than an appeal, by any person or organization, to NABH, about a NABH accredited/certified or applicant Health Care Organization (HCO), where a response is expected. Any adverse media report shall also be taken as complaint.
- 1.2. Complainant: any individual / organization / body that is making a complaint.
- 1.3. Feedback are the positive and negative expressions by any person or organization against the services rendered. Feedback is not treated as complaints.
- 1.3 Health Care Organization (HCO): Any entity providing health care services for which an accreditation or certification program is available with NABH.

### 2.0 Scope

The procedure includes complaints against applicant or accredited/certified Health Care Organizations (HCO) for the quality of the services provided by them. This may also include complaints regarding misuse of the accreditation/certification status either in scope or in use of the NABH mark.

The procedure deals with all complaints received by NABH from any source including information from regulators/ government department.

It covers complaints received exclusively through “Quality Setu portal <https://qualitysetu.qcin.org/>.

All complaints are treated as confidential unless desired otherwise by the Government or by law.



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Complaints related to NABH assessors shall be dealt with by NABH Assessors Management Committee. Complaints against NABH staff shall be dealt with by CEO, NABH. In such cases, QCI Conduct Rules shall be followed for imposing disciplinary action.

### **3.0 Responsibility**

- 3.1 The responsibility for handling complaints against HCOs shall rest with the Complaints Committee, NABH. The Complaints Committee shall evaluate and investigate the complaint and if necessary, adverse decision as per NABH procedures shall be recommended to CEO-NABH. If these recommendations are accepted by CEO, then the concerned program officer will carry out the recommendations as per NABH Policy on Adverse Decision.
- 3.2 CEO, NABH is responsible for monitoring complaints.
- 3.3 Any ethics related complaint / ethical issues shall be referred to Ethics Committee of Quality Council of India (QCI).

### **4.0 Procedure**

#### **4.1 Receipt of Complaints**

Complaints shall only be received through Quality Setu portal with description of the issue and supporting documentary evidence.

Anonymous complaints (without name of the complainant, address, e-mail id and / or phone number shall not be responded to or acted upon.

Complaints submitted through any other mode i.e hard copies/ letters or emails shall be requested to raise the complaint on the Quality Setu for further response and redressal.

Complaints not related to NABH Accreditation/ Certification Standards, e.g. financial, billing, clinical negligence, complaints against individual health worker, generalized statement shall not be accepted.



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## 4.2 Investigation of Complaints

4.2.1 All complaints shall undergo initial scrutiny by the Complaints Screening Committee to determine whether they fall within the ambit of NABH activities and whether they are valid, based on which any of the following action shall be taken.

- a) If a complaint is outside the ambit of NABH activities, the complaint shall be treated as closed and the complainant shall be informed accordingly.
- b) If information provided in the complaint is inadequate for any meaningful follow-up and the complainant is not able to provide minimum required information such complaints shall also be treated as closed and the complainant shall be informed accordingly.
- c) If the complaint clearly falls within the ambit of NABH activities and appears to be valid, the initial information provided is sufficient for initial investigation the same shall be taken up for further action.
- d) In case any more information is needed, the complainant shall be asked for the same. NABH shall ensure that proper and timely communications are being sent to client organizations and other stake holders where necessary.

4.2.2 The Complaints Committee where appropriate shall give opportunity to the HCO to address the complaint. When this is not appropriate, the officer may seek clarifications from the HCO and if required may depute NABH representative or an assessor or an expert with the approval of CEO, NABH to the HCO to investigate the matter. All expenses related to investigation shall be borne by NABH.

4.2.3 The Complaints Committee shall analyse the findings of the investigation. If the investigations reveal serious concerns with respect to the compliance to laid down NABH accreditation/certification standards, wrong representation of scope of accreditation/certification, wilful and/ or repeated misuse of NABH symbol etc. or in case of non-cooperation with the investigation process, the adverse decision shall be taken as per NABH procedures. Complaints Committee shall proceed further for



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implementation of the adverse decision as per NABH procedures through the Accreditation Committee.

If found necessary, NABH shall request accredited/ certified/applicant HCOs for their records of the complaints and the follow-up.

In case there is a media report regarding sentinel event in an applicant/ accredited/certified HCO, NABH may seek report on the above.

If found necessary, surprise assessment shall be scheduled for finding factual accuracy of complaint against applicant/ accredited/certified HCO. The report shall be placed before the Accreditation Committee

If there is any assessment already scheduled for HCO under question, the complaint shall be forwarded to Principal assessor for evaluation. His / Her comments are received along with the assessment report shall be placed before Accreditation Committee for further action.

If the complaint is found invalid, the complainant as well as the HCO shall be informed accordingly. The Committee shall exercise the right to dispose it off at this stage.

The concerned program officer of the HCO shall be informed about the decision / action taken.

Complaints against the applicant or accredited/certified HCOs shall be disposed of within 90 days of the receipt.

### **4.3 Reporting on Complaints and other Related Actions**

4.3.1 As an outcome of investigation of complaint and corrective action if felt necessary; the Complaints Committee shall inform the Quality Team and corrective action shall be initiated by Quality Team in line with the requirements of Procedure for Control of Non-Conformities and Corrective Action



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4.3.2 All records pertaining to complaints shall be maintained by the Complaints Committee.

The status of complaints shall be reported to the CEO, NABH, who is responsible for monitoring of complaints.

4.3.3 The Complaints Committee shall analyse all the complaints and their outcome. If this analysis reflects certain trends, the trend and remedial measures will be reported to NABH Board. The findings from the complaints become the basis of continuous quality improvement for NABH, wherever appropriate.

## **5.0 Records**

5.1 Complaints record shall be maintained in Complaints register.

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

Quality Council of India  
5th Floor, ITPI Building  
4 A, Ring Road, IP Estate  
New Delhi - 110 002, India  
Telefax: +91-11-42600600  
Email: [helpdesk@nabh.co](mailto:helpdesk@nabh.co)  
Web-site: [www.nabh.co](http://www.nabh.co)