



**National Accreditation Board for
Hospitals & Healthcare Providers**

(Constituent Board of Quality Council of India)

NABH/Notification/New Portal/5th Edition/2022/4414

May 30, 2022

Notification for New Portal for 5th Edition Hospital Accreditation Standards

NABH is launching its new portal for 5th edition hospital accreditation standards w.e.f. 01.06.2022.

This portal is a result of tireless efforts by the QCI team members and NABH secretariat. It has undergone many field test-runs and all the valuable feedback from the stakeholders have been incorporated. The new portal is designed in a manner to ensure objectivity, transparency, seamless functioning and a faster turn-around time. It also incorporates use of mobile applications to ensure real-time assessment process supported by objective evidence. Though we have used advance technology the basic functionality is kept the same to ensure ease of utility by the healthcare organisations.

All the NEW APPLICANTS under the hospital accreditation programme are requested to register on the new portal w.e.f. 01-06-2022 via the link <https://hcoaccreditation.nabh.co>

Our existing accredited healthcare organizations will be required to migrate to new portal during their forthcoming surveillance assessment/renewal assessment.

The new portal is to be used only for the hospital accreditation programme, the other accreditation programs will continue to run on the existing portal.

Co-operation from partner HCOs and stakeholders is solicited.

For any assistance/clarifications/suggestions kindly contact NABH IT team at it@nabh.co and nabh@nabh.co

(Dr. Atul Mohan Kochhar)
CEO-NABH

Enclosed: Guidebook for using the NABH 5th Edition New Portal



NABH HOSPITAL ACCREDITATION PROGRAM

5TH EDITION - HCO Guidebook for Application on the New portal



QUALITY : SAFETY : WELLNESS



National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Accreditation Standards for Hospitals
(5th Edition) May 2022



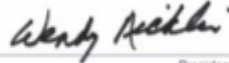
National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Accreditation Standards for Hospitals, 5th Edition

Awarded by IEEA
following an independent assessment
against the Guidelines and Principles for the
Development of Health and Social Care Standards,
5th Edition

The period of Accreditation for these Standards
is from

April 2020 until **April 2024**



Wendy Appleby
President



Celine O'Connor
Head of Operations

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May 2022

FORWARD

National Accreditation Board for Hospitals and Healthcare Providers (NABH), is in its 18th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organization in conducting its operations with a focus on patient safety.

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitized the healthcare workers and patients toward their rights and responsibilities.

In an effort to bring in more transparency into the system NABH & QCI has taken an initiative to digitize the entire process of accreditation. It is my privilege and honour to introduce the new portal of the Hospital Accreditation Programme. The portal is designed in a manner that will ensure that the healthcare organizations have a seamless journey to enter into the fold of accreditation.

The portal is a result of tireless efforts by the QCI team members and NABH secretariat. It has undergone many field test-runs and all the valuable feedbacks from the stakeholders have been incorporated. The guidebook to the portal includes lucid descriptions to serve as a guidance to the healthcare organizations on the steps and interfaces in the portal.

I believe that the methodology and the very objective nature of this initiative will aid the healthcare organizations to be more involved and understand the NABH process and also be an active partner in developing a nationwide ecosystem of quality in healthcare. We look forward to your continued support, suggestions and opinions.

I sincerely hope that all healthcare organizations will certainly benefit from this approach inculcating transparency and accountability in NABH and further reinforce our commitment of taking Quality, Safety and Wellness to the last man in the line.

Dr. Atul Mohan Kochhar
CEO, NABH

INDEX

1. About the Organization	1
1.1 Quality Council of India (QCI)	1
1.2 Accreditation Boards of QCI	1
1.3 National Accreditation Board for Hospitals & Healthcare Providers (NABH)	1
1.3.1 NABH Program and Activities	1
1.3.2 Why NABH?	2
1.3.3 Benefits of NABH Certification and Accreditation	2
2. Accreditation Overview	3
2.1 What is Accreditation?	3
2.2 About Healthcare Accreditation	3
2.3 Role of Accreditation Bodies	3
3. Entry Level Certification Program	4
3.1 Difference between NABH Accreditation & Entry Level Certification	4
3.2 About NABH Hospital Accreditation Program Portal	4
3.3 Benefits of Portal	4
4. NABH Hospital Accreditation Program	5
4.1 Outline of the Questionnaire	5
4.2 Process Flow & Timeline	7
4.3 Registration	9
4.4 Fee Submission	10
4.5 Desktop Review	10
4.6 Onsite Assessment	10
4.6.1 Pre Assessment (Optional)	10
4.6.2 Final Assessment	11
4.6.3 Surveillance and Re Assessment	11
4.6.4 Focus Assessment	12
4.6.5 Surprise Assessment	12
4.7 Issue of Accreditation Certificate:	12
5. NABH Hospital Accreditation Portal Procedure	13
5.1 Registration Steps on the Web Portal	13
5.2 Application Form Steps	17
5.3 Fee Submission Steps	26
5.4 Desktop Review NC Reply Steps	28
6. Keys Points to Remember	31

1

ABOUT THE ORGANIZATION

1.1 Quality Council of India (QCI)

Established in 1997 through a Cabinet decision of the Government of India (GoI) – QCI is an autonomous organization under the Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry. It was established as the national body for accreditation and quality promotion in the country. The Council was established to provide a credible, reliable mechanism for third-party assessment of products, services, and processes which is accepted and recognized globally.

1.2 Accreditation Boards of QCI

- a. National Accreditation Board for Hospitals and Healthcare Providers (NABH)
- b. National Accreditation Board for Certification Bodies (NABCB)
- c. National Accreditation Board for Testing and Calibration Laboratories (NABL)
- d. National Accreditation Board for Education and Training (NABET)
- e. National Board for Quality Promotion (NBQP)

1.3 National Accreditation Board for Hospitals & Healthcare Providers (NABH)

NABH is a constituent board of QCI, set up to establish and operate accreditation and other allied programs for healthcare organizations. The mission of NABH is to operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare by adopting various national and international best practices.

Global Recognition: NABH is an Institutional Member as well as a Board member of the International Society for Quality in Health Care (ISQua) and on the board of the Asian Society for Quality in Healthcare (ASQua).

1.3.1 NABH Program and Activities

Accreditation- NABH accreditation is aimed at establishing a common framework for healthcare organizations to demonstrate and practice compliance with patient safety protocols. NABH is operating various accreditation programs for Hospitals, Small healthcare Organization, Blood Bank, Blood Storage Centre, Medical Imaging Services, Dental Facilities/Dental Clinics, Oral Substitution Therapy Centre, Allopathic Clinic, AYUSH Hospitals, Community Health Care, Primary Health Care, Wellness Centre, Clinical Trial (Ethics Committees), Panchkarma Clinic, Eye Care Organization and Integrated Rehabilitation Centres for Addicts.

Certification- NABH is operating various certification programs such as Entry Level Hospitals, Entry Level SHCO, Entry Level AYUSH Hospitals, Entry Level AYUSH Centres, Nursing Excellence, Medical Laboratory Program and Standards for Emergency Department in Hospitals.

Empanelment- A network of ECHS and CGHS empanelled hospitals can also apply for NABH accreditation to provide Quality Medicare to beneficiaries and their dependents. As per the empanelment protocols, the accreditation helps the hospitals to ensure cashless transactions, as far as possible, for the patients.

Training and Education- NABH conducts various awareness and educational workshops such as Programme on Implementation of NABH Standards for Hospitals, Programme on Implementation of NABH Standards for Blood Bank, Programme on Implementation of NABH Standards for Nursing Excellence Certification, Programme on Implementation of NABH Standards for Entry Level Hospital, etc.

1.3.2 Why NABH?

It is a national accreditation body aimed to ensure that Healthcare Organizations are providing quality care and high-quality services to the patients. An accreditation status through NABH provides a marketing advantage in the competitive healthcare sector by simultaneously strengthening the hospital's functioning. It provides an opportunity for the hospital to benchmark its services with global standards and increase patient footfall and have a share of the growing medical tourism market in India. NABH Accreditation and Certification Program set the highest benchmarks of hospital operations at all levels and across functions as per the globally accepted norms. The standards provide a framework for quality care of patients and necessary improvements in hospitals by systemizing the hospital operations and protocols. It evaluates all the aspects of the hospital with a comprehensive approach before accreditation resulting in continuous improvement and enhanced productivity.

1.3.3 Benefits of NABH Certification and Accreditation

Patients - Patients are the biggest beneficiaries among all the stakeholders as certification results in high quality of care and patient safety and ensures the whole system is patient-centric.

Healthcare Organization- Certification to a healthcare Organization stimulates continuous improvement. It enables the organization to demonstrate a commitment to quality care. It raises community confidence in the services provided by the health care Organization. It provides an opportunity for the healthcare units to benchmark with the best and benefits from financial incentives given under various government schemes to such accredited hospitals.

Healthcare Staff- It improves the overall professional development of the hospital staff and provides leadership for quality improvement in various techniques. It also creates a good working environment where the staff can continuously learn and take ownership of their roles and responsibilities.

Regulatory Bodies- Certification provides access to reliable and certified information on facilities, infrastructure, and level of care, which can be used by insurance organizations and other third parties, thus, reducing uncertainties while making a public decision and getting assurance about the capabilities of the healthcare organization.

2

ACCREDITATION OVERVIEW

2.1 What is Accreditation?

It is a process to measure the performance of an organization against a set of nationally recognized, practice-focused, and evidence-based standards. The process of validation is a series of steps carried out to measure the quality of the organization's functions and services and is valid only for a specified period. The goal is continuous development, quality improvement, and the overall performance of the organization.

2.2 About Healthcare Accreditation

The National Accreditation System for hospitals ensures that hospitals and healthcare organizations, whether public or private, play their expected roles in the National Healthcare Ecosystem by complying with the highest standards of the accreditation body. It is a mechanism to enhance and maintain the quality of healthcare services across all departments of a healthcare organization. In India, Healthcare System operates in an environment of rapid social, economic and technical developments and raises concerns about the quality of healthcare. Therefore, an assurance by the Accreditation Body helps in creating accountability of healthcare Organizations among its stakeholders and making them more receptive with the trust of improved services.

2.3 Role of Accreditation Bodies

Accreditation bodies, such as NABH, provide quality assurance inpatient and organization-centric activities of healthcare institutions. As a result, there has been an interest and willingness to opt for accreditation due to the multiple benefits and recognition of quality service in the healthcare sector. Also, various market forces such as medical tourism, insurance services, a growing pool of private healthcare institutions, and rising competition have pushed healthcare organizations to obtain the highest industrial standards. Thus, it ensures that the investment is put to the best use possible, by creating a differentiating factor in the industry.

3

ENTRY LEVEL CERTIFICATION PROGRAM

3.1 Difference between NABH Accreditation & Entry Level Certification

- **Accreditation**

NABH has designed an exhaustive list of healthcare standards for hospitals and healthcare providers. The standards consists of more than 600 stringent objective elements for the hospital to achieve in order to get the NABH Accreditation.

- **Entry Level Certification**

As numerous hospitals were facing challenges and difficulties in implementing the complete Accreditation Standards as per the system provided by them, therefore, NABH has developed an Entry Level Certification program with simplified and comprehended objective elements, in consultation with various stakeholders in the country, as a stepping stone for enhancing the quality of patient care and safety. It could also be the first step towards NABH Accreditation.

3.2 About NABH Hospital Accreditation Program Portal

QCI has launched a new platform for the Hospital Accreditation program to bring comprehensive digitalization to the entire process. It is a multifarious platform for the accreditation process of Healthcare organizations keeping all the systems as an integral approach.

The complete accreditation process includes registration, documentation, and fee submission followed by Desktop, On-Site Assessments, and Committee Review using a technology-based platform that will provide complete information about the simplified accreditation certification process, requirements, and compliances. It incorporates a guidebook, presentations, and documents.

3.3 Benefits of Portal

The assessment for the accreditation encompassing desktop and on-site assessment followed by committee review would be done using this technology platform. Each standard is evaluated based on a series of questions that are verified using relevant documents or geo-tagged and geo-stamped photographs to measure the compliance status. The use of technology will ensure that the assessment process is transparent and efficient as compared to the traditional ways of manual accreditation.

4

NABH HOSPITAL ACCREDITATION PROGRAM

4.1 Outline of the Questionnaire

Outline of NABH Standards

NABH Hospital Accreditation Program is based on the NABH standards that comprise 10 chapters. As part of this program, the Questionnaire for Hospital Accreditation is formulated to make it simpler and has been drafted based on the objective element given in the aforementioned NABH standards. The standards are detailed below-

Patient Centred Standards

Chapter	Description
Access, Assessment, and Continuity of Care (AAC)	The chapter lays down key safety and process elements that the Hospital should meet, in the continuum of patient care within the hospital and till discharge.
Care of Patients (COP)	This chapter aims to guide and encourage patient safety as the overall principle for providing care to patients. Patients in the Emergency Department are provided urgent care including ambulance services in consonance with their clinical requirements.
Management of Medication (MOM)	The hospital has a safe and organized process of administration of medication/intervention. The hospital should have a mechanism to ensure that the emergency medication/intervention is standardized throughout the hospital, readily available, and replenished on time.
Patient Rights and Education (PRE)	The Hospital should define the patient and family's rights and responsibilities. Also, the staff should be trained to protect patient's rights and patients are informed of their rights and educated about their responsibilities at the time of admission.
Hospital Infection Control (HIC)	The standards guide the provision of an effective infection control program in the Organization. Their program should be documented and aimed at reducing/eliminating infection risks to patients, visitors, and providers of care while proactively monitoring its adherence.

Organization Centred Standards

Chapter	Description
Patient Safety and quality (PSQ)	The quality and safety program should be documented and involve all areas of the hospital and all staff members. The hospital should identify and collect data on Clinical and Managerial structures, processes, and outcomes.
Responsibilities of Management (ROM)	The standards encourage the governance of the hospital professionally and ethically. The hospital ensures that patient safety and risk-management issues are an integral part of patient care and hospital management.
Facility Management and Safety (FMS)	The standards guide the provision of a safe and secure environment for patients, their families, staff, and visitors. To ensure this, the Organization conducts regular facility inspection rounds and takes the appropriate action to ensure safety.
Human Resource Management (HRM)	The goal of human resource management is to acquire, provide, retain and maintain competent people in the right numbers to meet the needs of the patients and community served by the organization.
Information Management System (IMS)	The chapter emphasizes the requirements of a medical record in the hospital as it is an important aspect of continuity of care and communication between the various care providers. The hospital will lay down policies and procedures to guide the contents, storage, security, issue, and retention of medical records.

Revised Questionnaire for Hospital Accreditation Program-The questionnaire is divided into thirteen parts:

The category into thirteen parts is as follow-

Part I – General Information

Part III – Scope of Service

Part V – Care of Patient (COP)

Part VII – Patient Right and Education (PRE)

Part IX – Patient Safety and Quality (PSQ)

Part XI – Facility Management and Safety (FMS)

Part XIII – Information Management System (IMS)

Part II – Statutory Compliances

Part IV – Access, Assessment and Information (AAC)

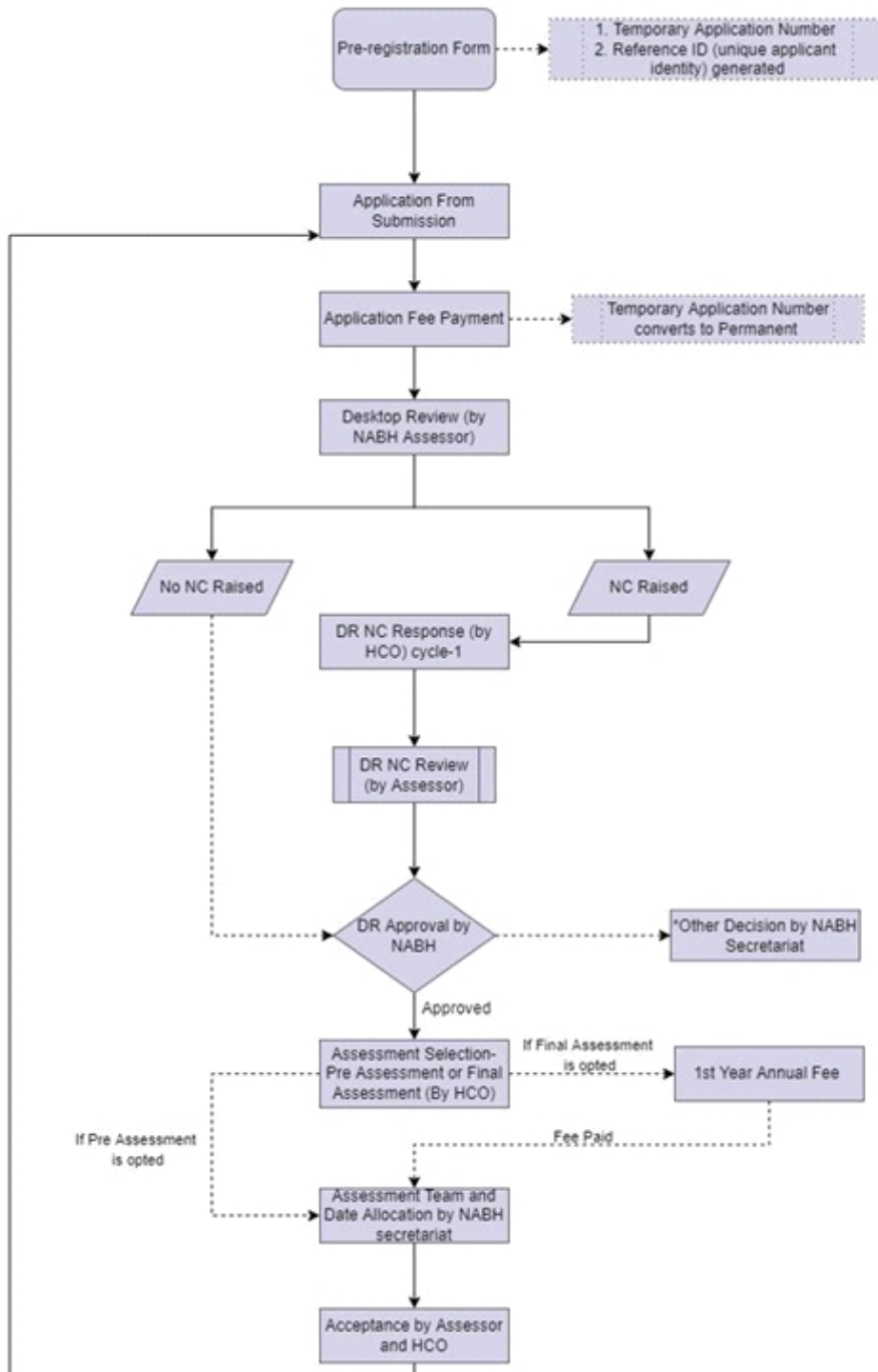
Part VI – Management of Medication (MOM)

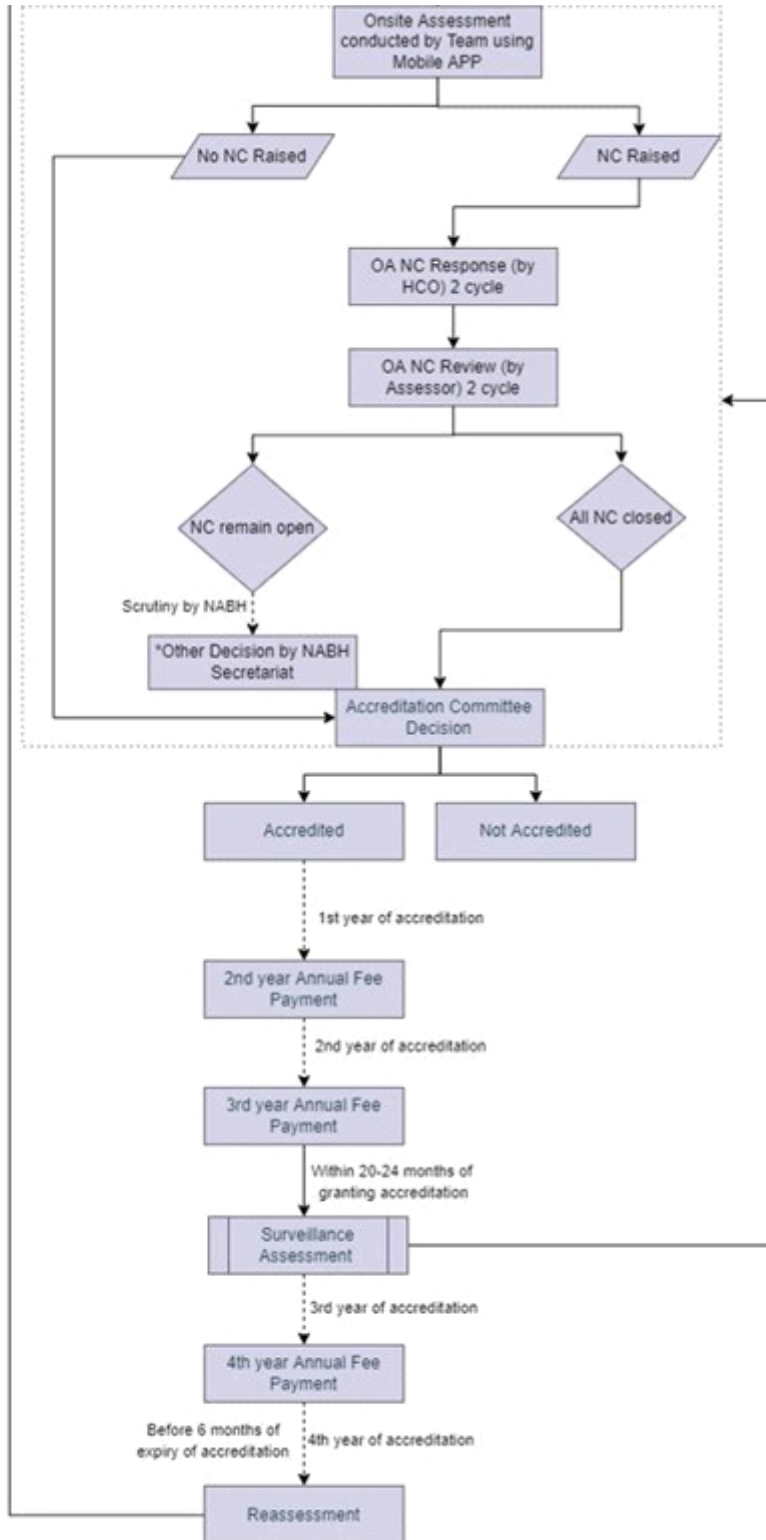
Part VIII – Hospital Infection Control (HIC)

Part X – Responsibility of Management (ROM)

Part XII – Human Resource and Management (HRM)

4.2 Process Flow & Timeline





*other decision by NABH may includes abeyance or closing of application

*Other decision by NABH may include Abeyance or closing of application

Timeline

SNo.	Stages	Timeline (Days)
1	Application Form	30
2	Fee Submission	10
3	Desktop Review	30
4	Assessment Selection	15
5	Pre Assessment (Optional)	120
6	1st year Annual Fee	-
7	Final Assessment	120
8	Accreditation Committee	15
9	2nd year Annual Fee	-
10	Surveillance Assessment	90
11	Surveillance Decision by AC	15
12	3rd year Annual Fee	-
13	Renewal	Before 6 month of expiry

4.3 Process Flow & Timeline

Hospitals can register online on hcoaccreditation.nabh.co. It is an OTP-based registration process to verify the entered Mobile Number and Email ID. An account will be created after filling the user registration form and OTP. Users can log in with the username and password received on their registered email ID and have to submit all the required details through a web portal followed by the payment of the fee. The details entered by the applicant for and after the registration on the website cannot be edited once submitted. Applicants must make sure that the details are filled-in accurately, after submission they will be non-editable.

4.4 Fee Submission

The fee to be submitted by Hospitals is as follows:

Size of Hospital	Pre-assessment	Assessment	Surveillance	Application Fee	Annual Accreditation Fee
Up to 100 beds	Four man days	Six man days (3x2)	Four man days (2x2)	Rs. 40,000	Rs. 1,65,000
101-300 beds	Four man days	Nine man days (3x3)	Six man days (3x2)	Rs. 75,000	Rs. 2,50,000
301-500 beds	Six man days	Twelve man days (4x3)	Nine man days (3x3)	Rs. 1,00,000	Rs. 3,60,000
501 and above	Six man days	Sixteen/ Fifteen man days (4x4) or (5x3)	Nine man days (3x3)	Rs. 1,50,000	Rs. 4,40,000

The fee structure is based on the number of man days required for assessment. In case the scope of service 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. HCOs are required to include the service tax in the fees accordingly while making payment to NABH.

4.5 Desktop Review

Desktop Review of the registered applications will be done online through a web portal by the assessor. The assessor will raise NCs in case of insufficiency, discrepancy, or incorrect data uploaded. The applicant will have a specified timeline to respond against all the raised Non-Compliance(s) through the portal by providing satisfactory reasons and evidence of conformity. The Assessor will verify all the replies within a specific period.

4.6 Onsite Assessment

In onsite assessment, the assessors nominated by NABH makes a visit to the HCO for a predefined man days based on the bed strength of the hospital, the assessors verifies the documents, facilities and conducts interviews in person at the HCO. The Hospital needs to bear the cost of the assessor's travel and stay.

4.6.1 Pre Assessment (Optional)

NABH has made pre-assessment optional. Those hospitals which do not want to undergo pre-assessment shall choose final assessment in the portal. However, NABH shall conduct the pre-assessment for those hospitals 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 compiled non-compliance form on the portal. The hospital shall take corrective actions on the non-compliance raised by the Principal Assessor/ team. The hospital shall in any case be required to pay the requisite annual fee before the final assessment.

4.6.2 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 HCO'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 Principal assessor will compile the Non Compliance (if any) raised by the assessment team and submit the same on the portal. The detailed non-compliance observed during the assessment is visible to the hospital team in the online portal once the Principal Assessor submits.

Review of Non Compliance: The hospital shall take necessary corrective action on the non-compliance 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. Healthcare organisations can avail only two cycles of corrective action on non-compliance. 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 HCO.

4.6.3 Surveillance and Re Assessment

Accreditation to the hospital shall be valid for a period of four years. NABH shall conduct surveillance before completion of 20-24 months since the date of accreditation of the accredited hospital. The hospital shall pay the annual fees every year. The first annual fees is paid before the final assessment and is valid till the end of first year from the date of accreditation. Since then, the annual fees shall be due on the same date/ month every year. The hospital need to 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 an unannounced visit, based on any concern or any serious incident reported upon by an individual or an organization or media.

Review of Non Compliance: The hospital shall take necessary corrective action on the non-compliance 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. Healthcare Organisations can avail only two cycles of corrective action on non-compliance. 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 HCO.

4.6.4 Focus Assessment

Focus assessments are done in HCO 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 visits to an accredited hospital by visiting the following link.

https://www.nabh.co/Policy_for_Focus_Assessment.aspx

Review of Non Compliance: The hospital shall take necessary corrective action on the non-compliance 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. Healthcare organisations can avail only two cycles of corrective action on non-compliance. 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 HCO.

4.6.5 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 HCO is accredited. Surprise visit can also happen in response to adverse media reports. Hospitals are requested to view policy and procedure related to surprise visits to an accredited hospital by visiting the following link.

<https://www.nabh.co/SURPRISE-VISIT.aspx>

4.7 Issue of Accreditation Certificate:

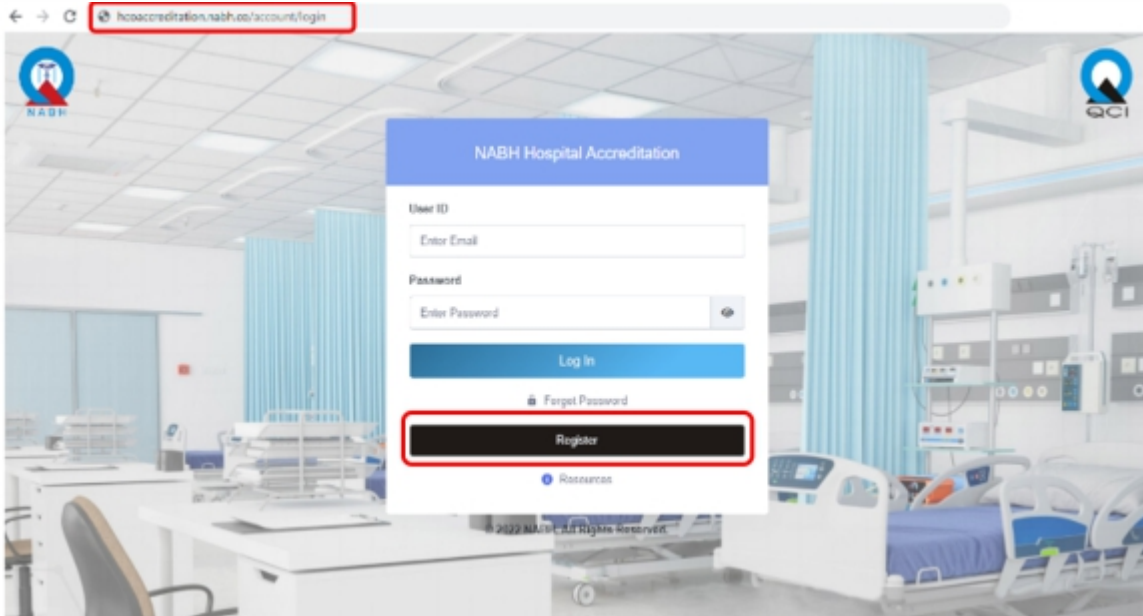
NABH shall issue an accreditation certificate to the hospital with a validity of four years. The certificate has a unique number and date of validity. The certificate is accompanied by the scope of accreditation. The applicant hospital must make all payments due, if any, to NABH, before the issue of the certificate.

5

NABH HOSPITAL ACCREDITATION PORTAL PROCEDURE

5.1 Registration Steps on the Web Portal

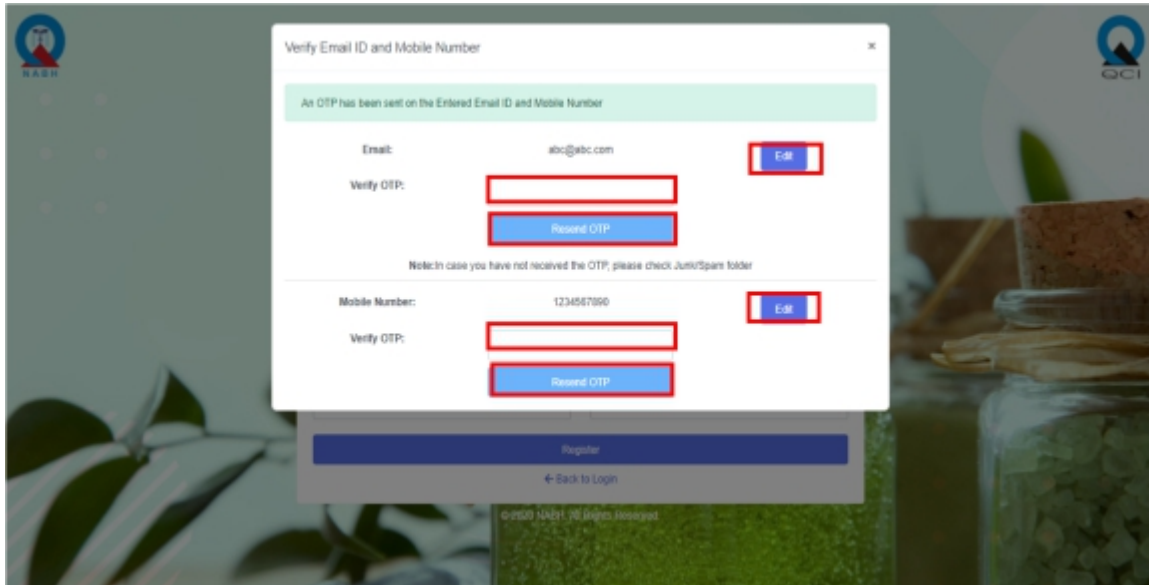
Step 1: Go to hcoaccreditation.nabh.co to open the web page of the Hospital Accreditation Portal. Click on the "Register" tab.



Step 2: Fill in all the details. Then click the "Register" button.

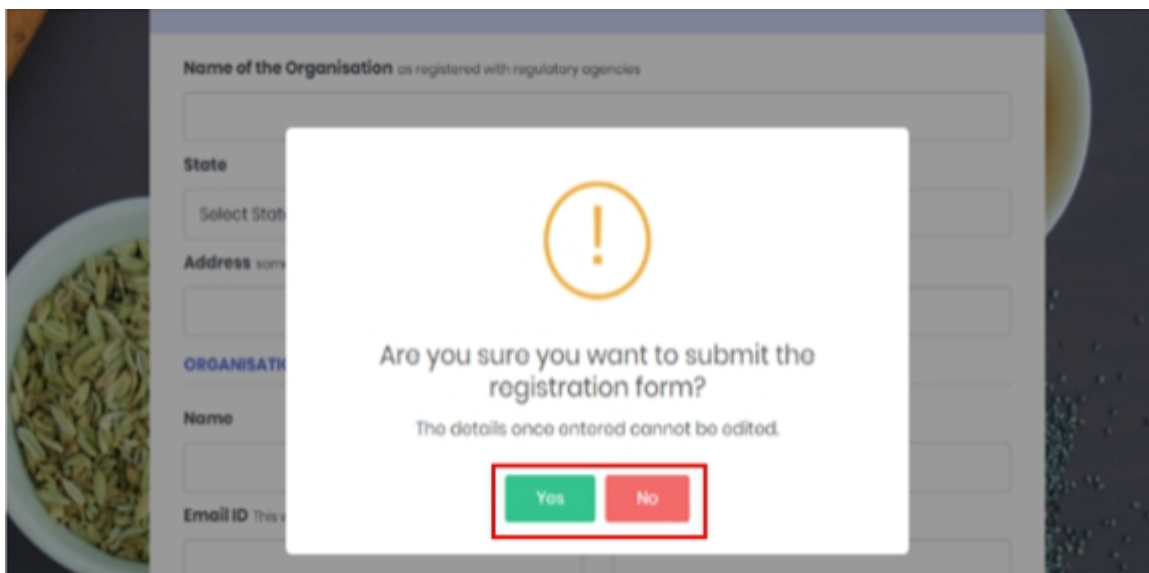


Step 3: Enter the OTP received on the registered Email and the mobile number. Applicants can edit the mail id or contact number in case the wrong input is put on the registration form by clicking the “Edit” button.



* Kindly check the Spam/Junk Folders of the registered email id. Users can also request a new OTP if OTP is not received within 10 minutes by clicking on the "Resend OTP" Button.

Step 4: After OTP verification, a message will pop up asking for confirmation to submit the form, click 'Yes' if details filled are correct, or Click 'No' to edit details.



Note: Details cannot be changed once the form is submitted.

Step 5: Applicant will receive User ID and Password along with the Reference number and Application number on the registered Email ID.

Dear Applicant,

Greetings from NABH!

Welcome to the NABH Hospital Accreditation Program. The organisation has been successfully registered with the following details:

Organisation Name: xxxxxxx

Address: xxxxxxx

Reference ID: XXXXX

Application Number: T-HCO/XX/XXXXXX

Here 'T' indicates the Temporary application number which will convert to permanent once the applicant pays the annual fee

Kindly login at hcoaccreditation.nabh.co using the below mentioned credentials to access your account.

User ID: xx@xx.com

Password: xxxxxxx

After successful login, change your Password for security reasons.

Request you to fill and submit the application form within the stipulated time. Kindly refer to the guidelines and guidebook carefully before filling the application form.

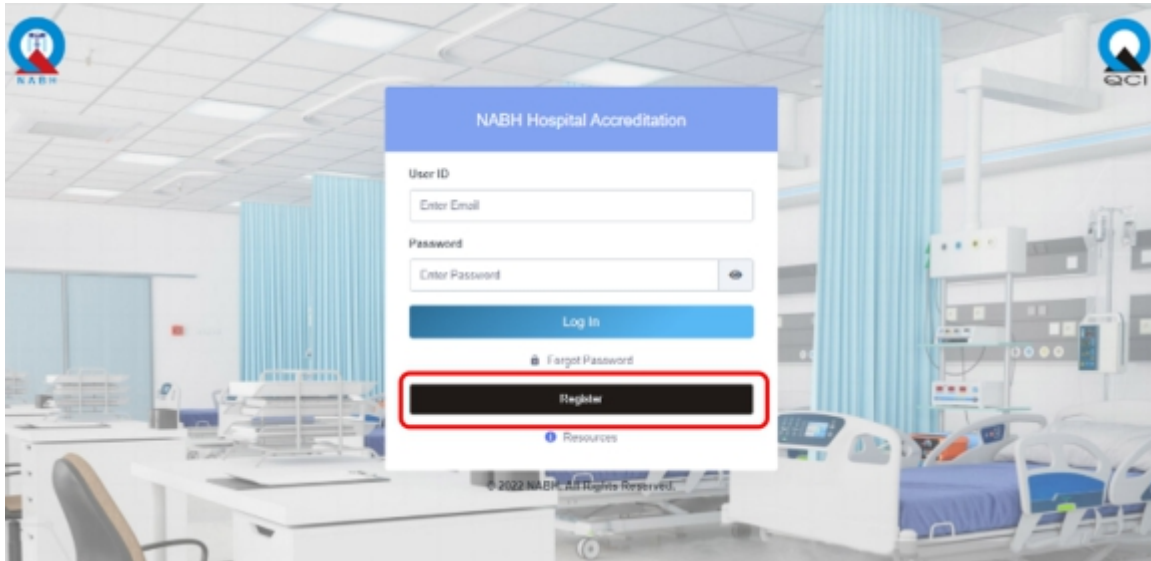
Note: The timeline of filling the application form along with fee submission is **40 days** from the date of registration. The application will be deactivated in case of non-adherence to timelines.

This is a system generated email. Please do not reply directly to this email. Email to this id is not monitored.

Best regards,


NABH

Step 6: Go to hcoaccreditation.nabh.co enter the credentials received on Email and click on the “Log In” button.



The screenshot shows the NABH Hospital Accreditation login interface. It features a central white form with a blue header. The form includes fields for 'User ID' (with a placeholder 'Enter Email') and 'Password' (with a placeholder 'Enter Password' and a toggle for visibility). Below these fields are buttons for 'Log In', 'Forgot Password', and 'Register' (highlighted with a red box). A 'Resources' link is also present. The background is a blurred hospital room with a bed and medical equipment. Logos for NABH and QCI are visible in the top corners.

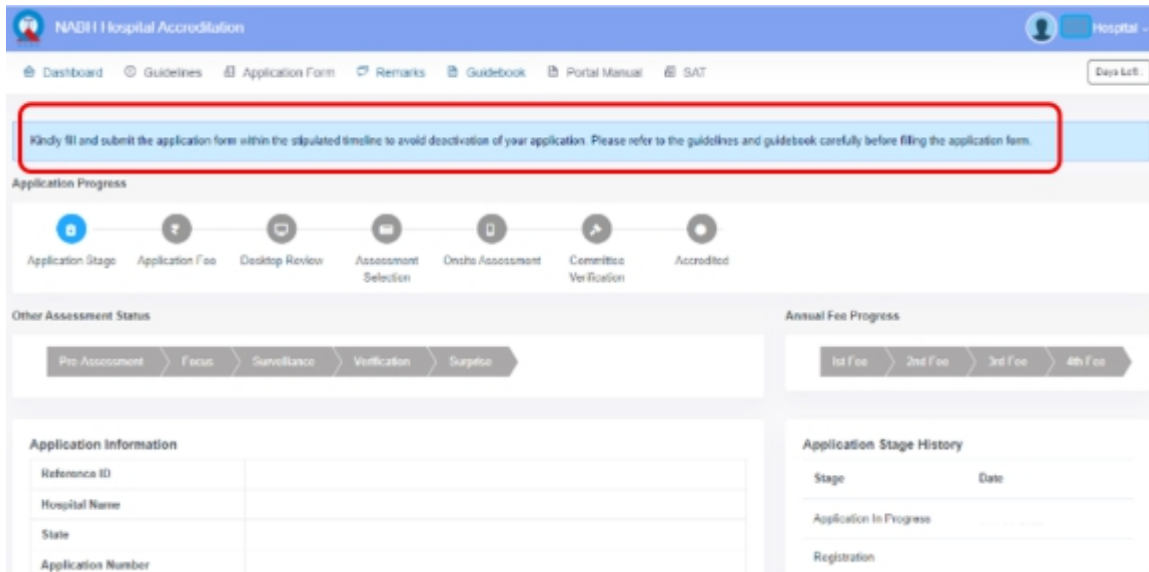
Step 7: The applicant has to change the password after they log in to the portal for the 1st time. Enter and confirm the desired password as per the password policy mentioned and click on the “Submit” button.



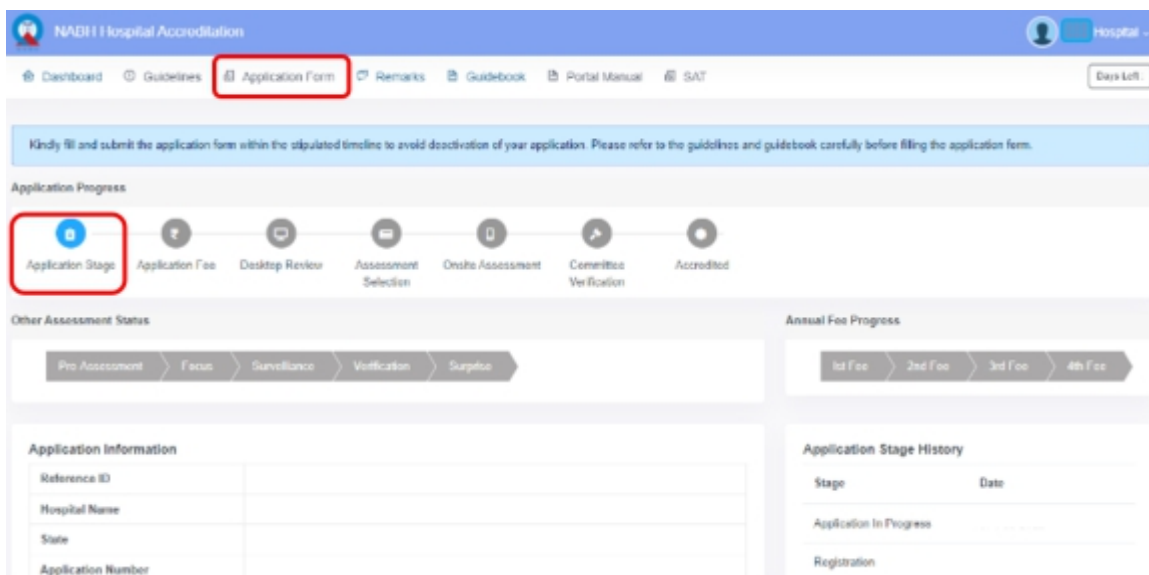
The screenshot shows the NABH AYUSH Entry Level Certification password change interface. It features a central white form with a light purple header. The form includes fields for 'New Password' and 'Confirm Password' (with a toggle for visibility). Below these fields is a 'PASSWORD POLICY' section with two bullet points: 'Password should contain at least one upper case letter, Number and Special Character' and 'Password length should be greater than 5 characters'. A 'Submit' button is highlighted with a red box. The background is a blurred image of green herbs in glass jars. Logos for NABH and QCI are visible in the top corners.

5.2 Application Form Steps

After successfully changing the password, the applicant will be redirected to the dashboard. Where Progress/ History of the applicant can be seen. Applicants must follow the instructions displayed in the message box to proceed further.



Step: 1: Click on the “Application Form” Tab in the Menu Bar or the “Application” icon on the Progress Bar to fill the application form for Desktop Review.



Step: 2 Fill in all the details for all the sections.

1. Questions may be of the following type:

- **Check Box Type:** Applicants can choose multiple options against the various requirements of the NABH Standards as per the applicability.

Click on the checkboxes to select the option

Under which of the schemes Hospital is already empanelled with ? *

<input type="checkbox"/> Railways	<input type="checkbox"/> Ayushman Bharat
<input type="checkbox"/> State Government Health Scheme	<input type="checkbox"/> CGHS
<input type="checkbox"/> Others	<input type="checkbox"/> ECHS
<input type="checkbox"/> None	<input type="checkbox"/> Public Health Insurance Schemes

- **Single-Selection Type:** Applicants can select a single option as per the applicability of the requirement of the question while filling the Application Form.

General Details Statutory Compliance Scope of Service **AAC** COP MOM PRE HIC PSQ ROM FMS HRM IMS ABDM

1. Are the healthcare services provided, clearly defined and in consonance with the needs of the community? *
Defined Scope of Service (Photo of display, font size, Contrast and of being of permanent in nature, and bilingual)

2. Does each service in scope, have diagnostic backup and consultant for OPD, IPD, Emergency, and diagnostic cover? *
Document of scope of lab, imaging & relevant manpower of inhouse or outsourced (including ICU)

Yes No NA

Yes No NA

- **Document Upload:** Attach all the relevant documents by clicking on the “Upload Document” Icon

General Details Statutory Compliance Scope of Service **AAC** COP MOM PRE HIC PSQ ROM FMS HRM IMS ABDM

1. Are the healthcare services provided, clearly defined and in consonance with the needs of the community? *
Defined Scope of Service (Photo of display, font size, Contrast and of being of permanent in nature, and bilingual)

2. Does each service in scope, have diagnostic backup and consultant for OPD, IPD, Emergency, and diagnostic cover? *
Document of scope of lab, imaging & relevant manpower of inhouse or outsourced (including ICU)

Yes No NA

Yes No NA

*Refer to the types and sizes of files that are acceptable.

- Click on the “Choose File” button and select the document to be uploaded.
- Click on “Open” after selecting the file.

Upload Document ×

Document

No file chosen

Note: The following formats are accepted: PDF, JPG, JPEG, PNG, EXCEL, DOC.
The maximum file size allowed in 5 MB.

- The selected file name will be displayed, click on “Upload”

Upload Document ×

Document

Note: The following formats are accepted: PDF, JPG, JPEG, PNG, EXCEL, DOC.
The maximum file size allowed in 5 MB.

- A message will be displayed on the successful upload of the file. In Case, the file is not uploaded, check the size, file name (should contain only one dot) and type of file as per the criteria required.

Upload Document ✕

Document

Choose File No file chosen

Note: The following formats are accepted: PDF, JPG, JPEG, PNG. The maximum file size allowed in 5 MB.

The file has been successfully uploaded

Upload

- Applicants can also view or delete the uploaded document by clicking on the “View Document” Icon.

General Details Statutory Compliance Scope of Service AAC COP MOM PRE **IHC** PSQ ROM FMS HRM IMS ABDM

1. Does the organization has a comprehensive hospital infection control programme? * Yes No NA 📄

Hospital Guideline on infection control programme

Uploaded Doc(s) ✕

Name	Action
5th edition Chapter Wise 26-03-2021.xlsx	📄 🗑️

2 Excel Upload: The applicant can download the templates to fill in the details and upload the same file on the respective question. The details for the same will be displayed in the table.

- Click on “Upload Excel” Button.

HOSPITAL STAFFING

CONSULTANTS DETAILS Upload Add

S. No.	Name	Designation	Department	OP	IP	Emergency	Other Trainings or relevant Experience	Type of engagement	Registration Number	Medical Council of Registration	Average daily In-Patients	Average d
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- Download the template by clicking on “Download Template”

Upload Excel ✕

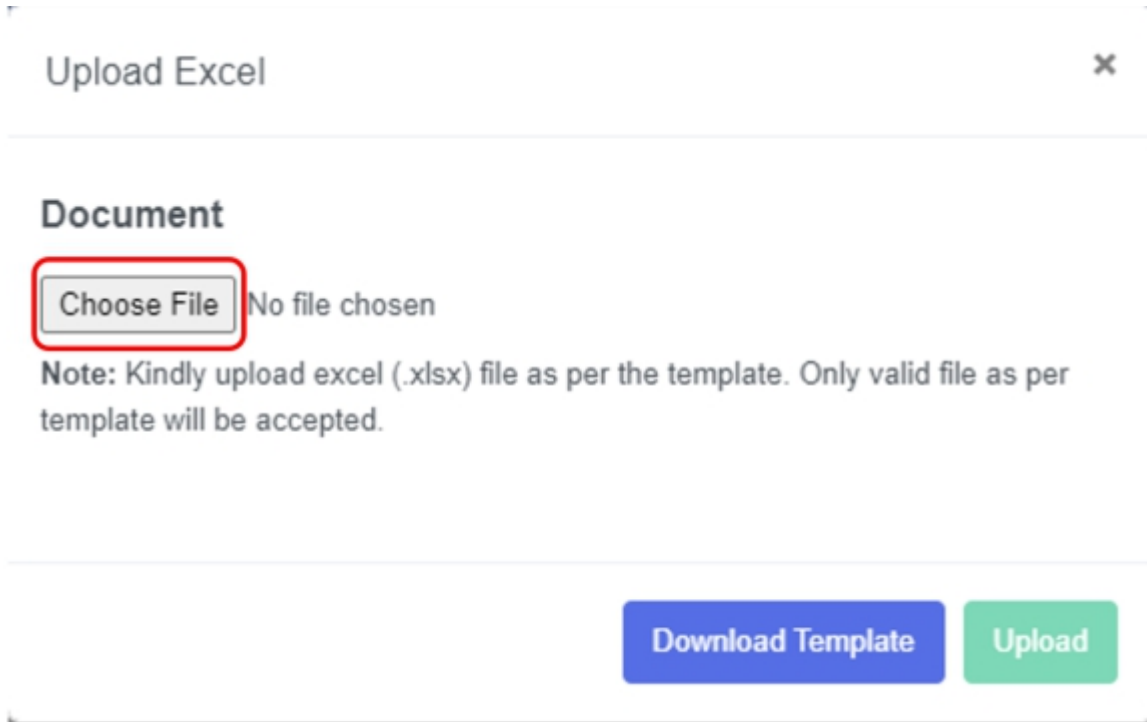
Document

Choose File No file chosen

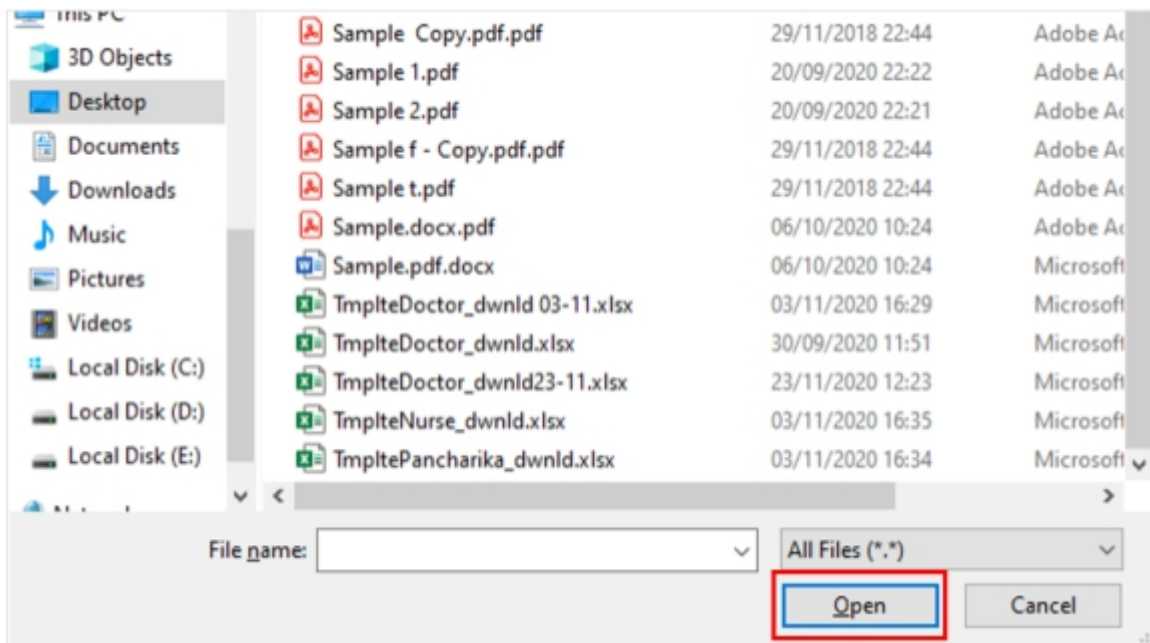
Note: Kindly upload excel (.xlsx) file as per the template. Only valid file as per template will be accepted.

Download Template
Upload

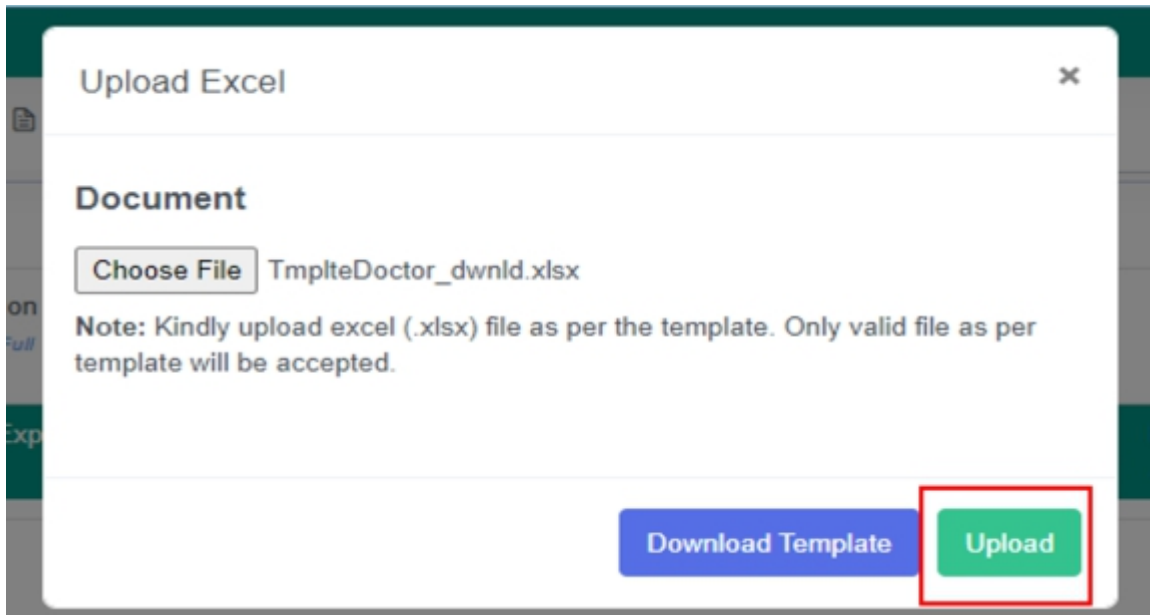
- Fill in the details in the template as per the headers mentioned.
- **Note:** Templates are different for various questions. For every such type of question, the applicant has to download it specifically for the question.
- Again, click on “Upload Excel”
- Click on the “Choose File” button



- Select the template file filled with all details and click on “Open”



- The file chosen to be uploaded will be displayed in the module. Click on the “Upload” Button



*The excel details will be shown in the columns themselves. Please check the details

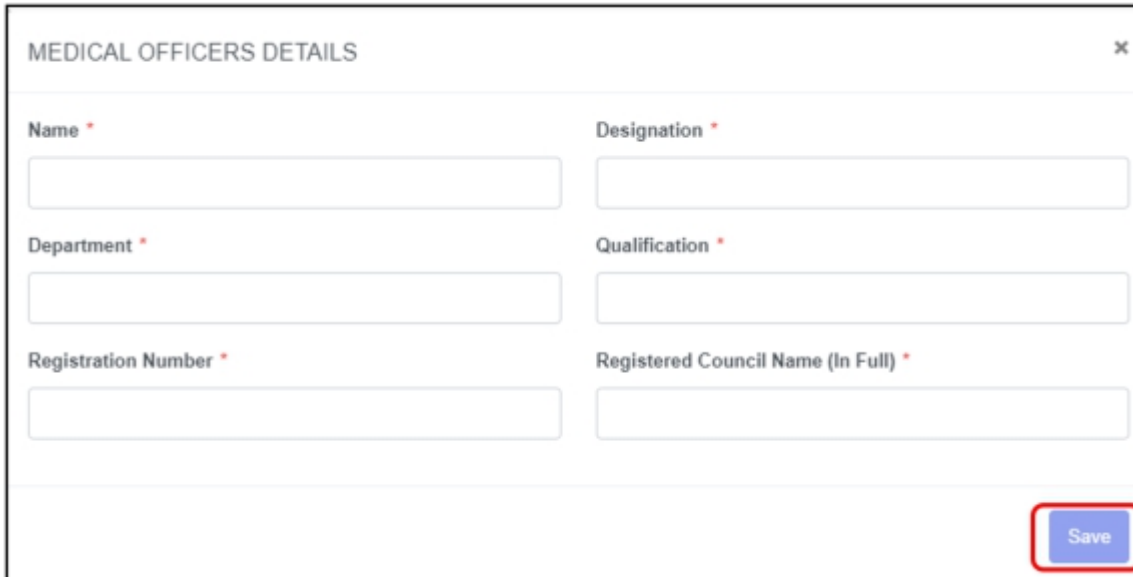
- Add details Type:** Click on the “Add” button to fill in the details manually. Use this option to add less data only.

MEDICAL OFFICERS DETAILS							
S. No.	Name	Designation	Department	Qualification	Registration No.	Council of Registration	Actions
1	Sdvs	DCS	KE X	XOXK	XOXK	XOXK	 

- Applicants can also delete the whole filled-in information by clicking on the “Delete” button. Also the applicant can delete a specific row by clicking on the delete icon below the action heading.

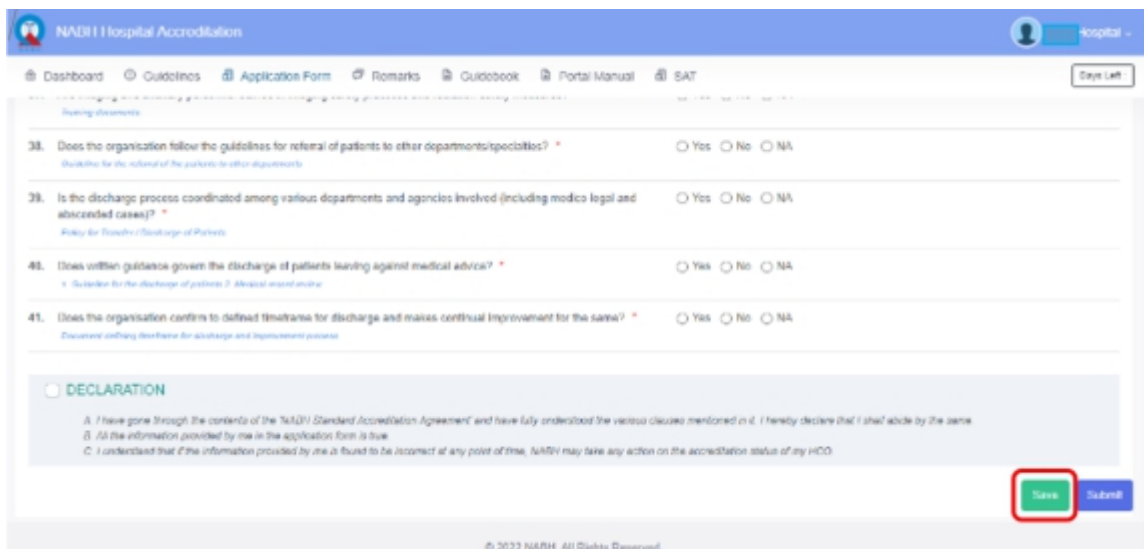
MEDICAL OFFICERS DETAILS							
S. No.	Name	Designation	Department	Qualification	Registration No.	Council of Registration	Actions
1	Sdvs	DCS	KE X	XOXK	XOXK	XOXK	 

- Fill in all the required fields and click on the “Save” Button.

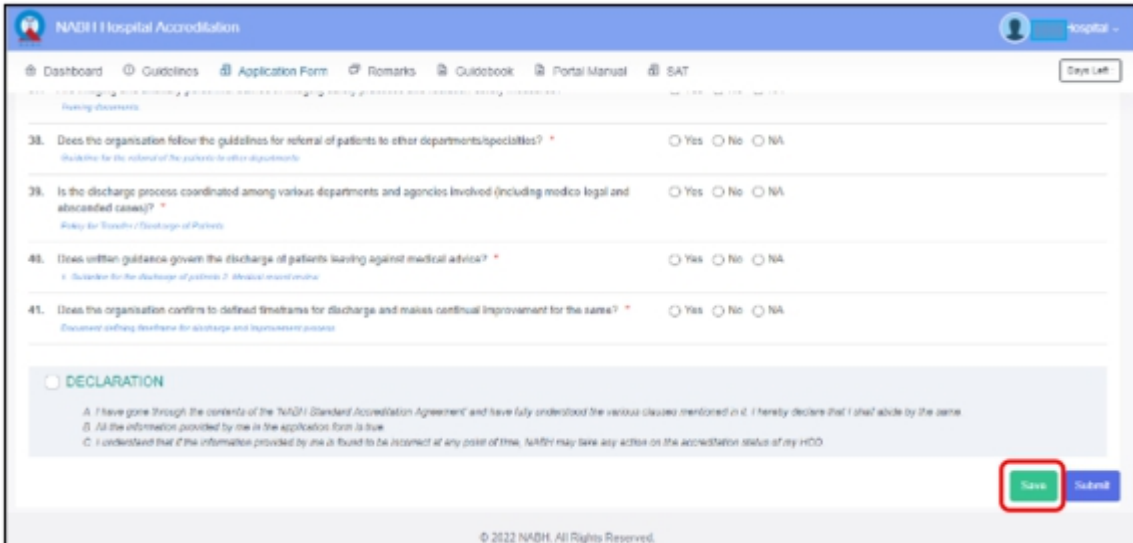


(Please check the respective filled details of the excel template or data added fields in the respective column of the Table. Applicants can update the details by uploading/adding a new file of the same template).

Step 3: Applicants have to save their progress while filling in response by clicking on the save button from time to time to avoid data loss.



Step 4: After filling in all the required details and mandatory documents, the applicant can submit the details by clicking on the “Submit” button.



The screenshot shows the NABH Hospital Accreditation application form. The top navigation bar includes 'Dashboard', 'Guidelines', 'Application Form', 'Remarks', 'Guidebook', 'Portal Manual', and 'SAT'. The main content area contains four questions with radio button options for 'Yes', 'No', and 'NA':

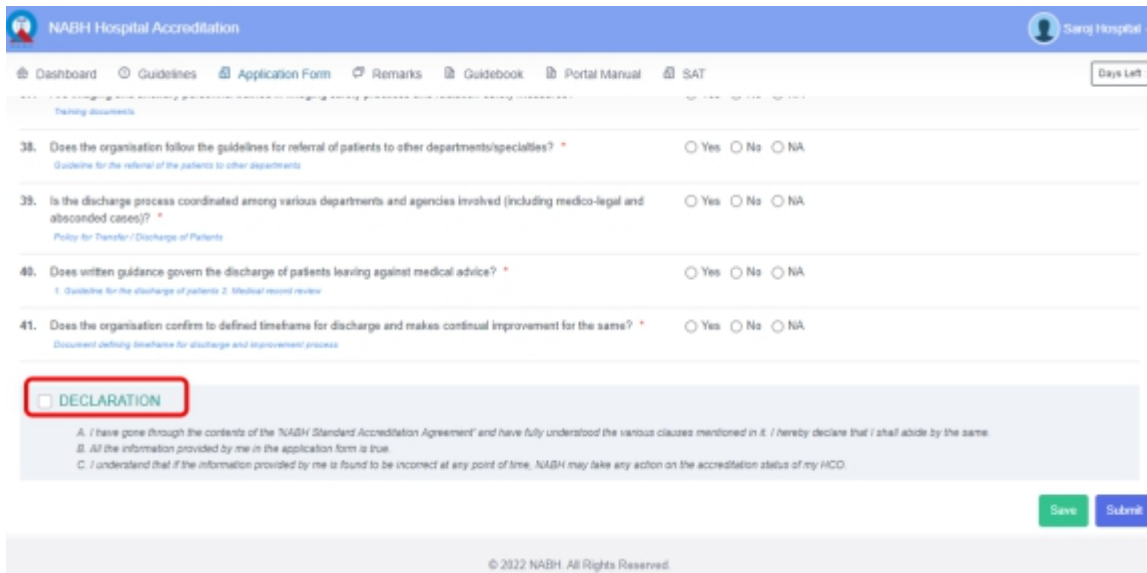
- 38. Does the organisation follow the guidelines for referral of patients to other departments/specialties? *
Guideline for the referral of the patients to other departments
- 39. Is the discharge process coordinated among various departments and agencies involved (including medico-legal and absconded cases)? *
Policy for Transfer / Discharge of Patients
- 40. Does written guidance govern the discharge of patients leaving against medical advice? *
1. Guideline for the discharge of patients 2. Medical record review
- 41. Does the organisation confirm to defined timeframe for discharge and makes continual improvement for the same? *
Document defining timeframe for discharge and improvement process

Below the questions is a 'DECLARATION' section with a checkbox and three statements:

- A. I have gone through the contents of the 'NABH Standard Accreditation Agreement' and have fully understood the various clauses mentioned in it. I hereby declare that I shall abide by the same.
- B. All the information provided by me in the application form is true.
- C. I understand that if the information provided by me is found to be incorrect at any point of time, NABH may take any action on the accreditation status of my HCO.

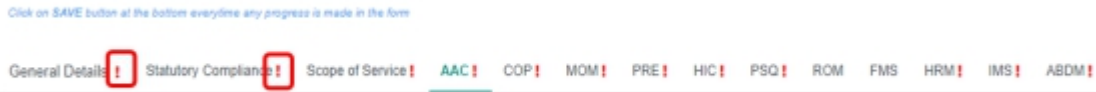
At the bottom right, there are 'Save' and 'Submit' buttons. The 'Save' button is highlighted with a red box.

Step 5: Once all the details for all sections are filled out, click on the “Check” box of the declaration statement at the end of the application form.



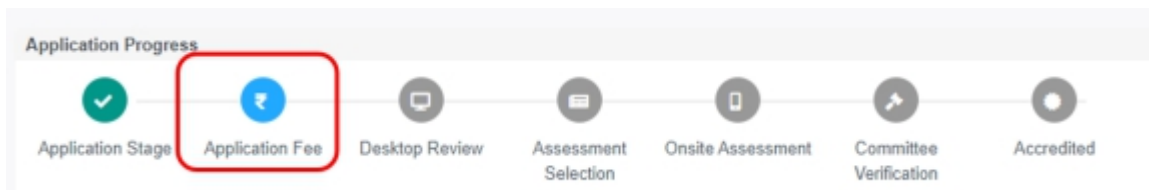
This screenshot is similar to the previous one, showing the NABH Hospital Accreditation application form. The 'DECLARATION' section is highlighted with a red box, indicating that the user should click on the checkbox to check the declaration.

Step 6: Look out for the '!' symbol(s); they signify unfilled mandatory fields of the particular section.



5.3 Fee Submission Steps

Step 1: After successful submission of the Application form. Applicants can make payment by clicking on the “Application Fee” tab in the Progress icon at the “Progress Bar”.



Step 2: Fill in the Information on the payment page

Payment

BILLING INFORMATION

Organisation Name: Saroj Super Speciality Hospital Country: India State: Delhi
 District: North West Delhi Email: d.malik@sarojhospital.com Mobile Number: 9811282538
 Pincode: 110085 Address: Sector 14 Ext. Institutional Area, Madhuban Chowk,
 PAN* Trade Name as displayed on GSTIN/PAN/TAN
 GSTIN*

SHIPPING INFORMATION (OPTIONAL)

Name Country State District
 Contact Number Pin code Address

Applicants can also upload a GST Certificate if the Organization is registered with GSTIN by selecting "Registered" in the field "GSTIN"

GSTIN* Registered GST Number GST Certificate

Step 3: In “Payment Summary” applicant can deduct TDS from the accreditation Fee by clicking “Yes” in “Do you want to deduct TDS amount from the accreditation fees?”. After filling in all the required details, click the “Pay” button.

PAYMENT SUMMARY

Do you want to deduct TDS amount from the Application fees? Yes

No.	Description	Amount
01	Fee	Rs. 75000
Sub Total:		Rs. 75000
CGST(9%):		Rs. 6750
SGST(9%):		Rs. 6750
Total:		Rs. 88500

Step 4: Applicant will be redirected to the Payment Gateway Page, select the type of payment to be used and pay the applicable accreditation fee.

English

Billing Information

shuchita foundation
sector 15
176053 chandigarh
Chandigarh india
8837674849 shuchita02sharma@gmail.com
Notes (Optional)

My Billing and Shipping address are different

ORDER DETAILS

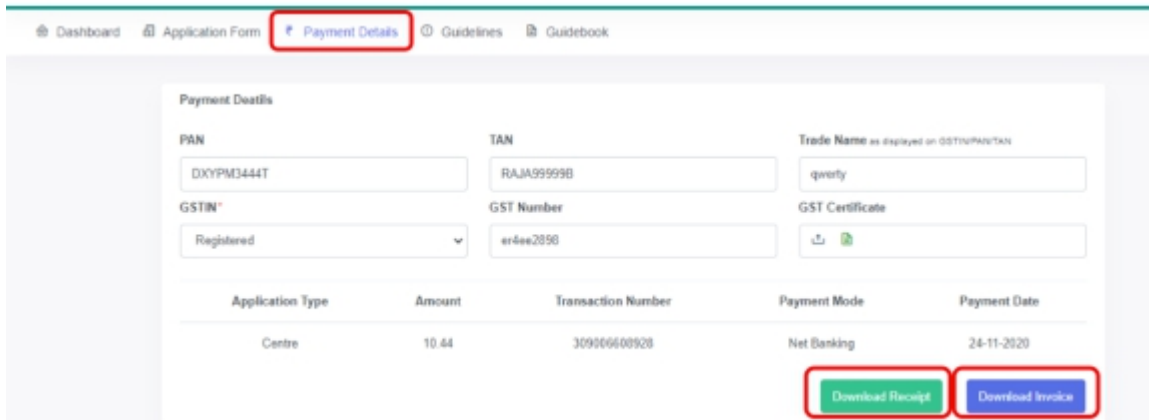
Order #: 000000000012
Order Amount: 1.00
Convenience Fee: 0.00
Tax(18%): 0.00
Total Amount: INR 1.00

Payment Information

Net Banking >
All Other Banks
Select Bank
Note: We will redirect you to the bank you have chosen above. Once the bank verifies your net banking credentials, we will proceed with your payment.

GSTIN* Registered
GST Number
GST Certificate

Step 5: After successful fee payment, Applicant can download the “Receipt” and “Invoice” from the “Payment Details” tab on the Menu Bar. Applicants can also download the receipt and invoice post fee submission at this section.

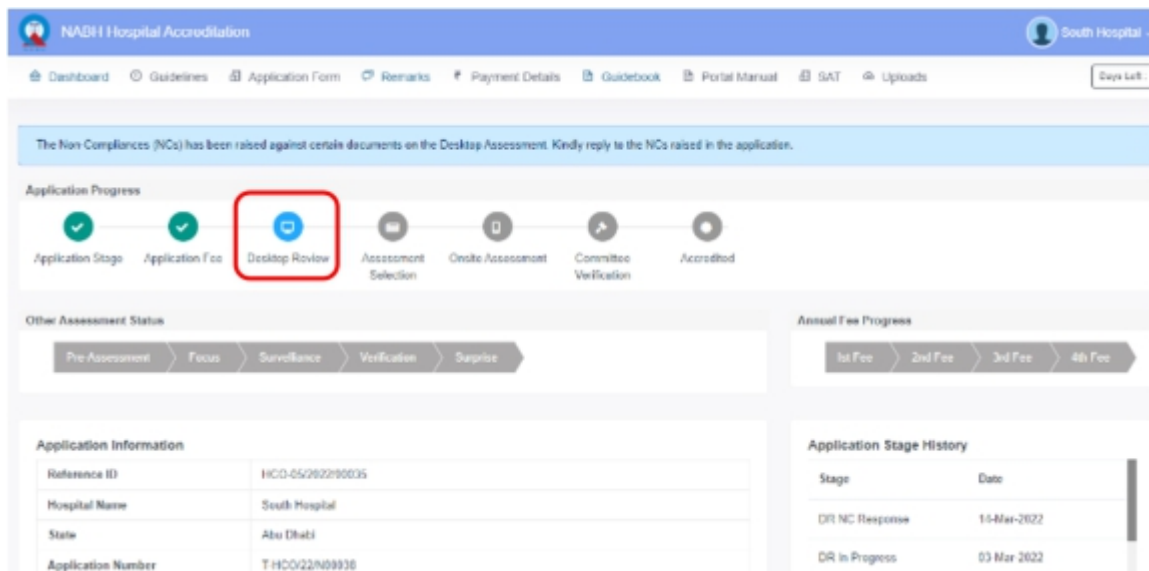


* Note: In the case of NEFT/RTGS challan will be generated which can be used to pay the payment via the respective bank. (Application's stage will only change when payment is received to NABH, it generally takes 2-3 business days to reflect the status of payment)

5.4 Desktop Review NC Reply Steps

The Application form will be scrutinized by the NABH Assessor for Quality check and Non-Compliances (NCs), if any, may be raised. The applicant will be notified via mail after the NCs are raised by the NABH Assessor.

Step 1: In case NCs are raised, the Applicant can check them by clicking on "DR NC Reply and Review" on the Progress Bar or at "Application Form".



Step 2: The red Text signifies the number of NCs raised under the particular section.

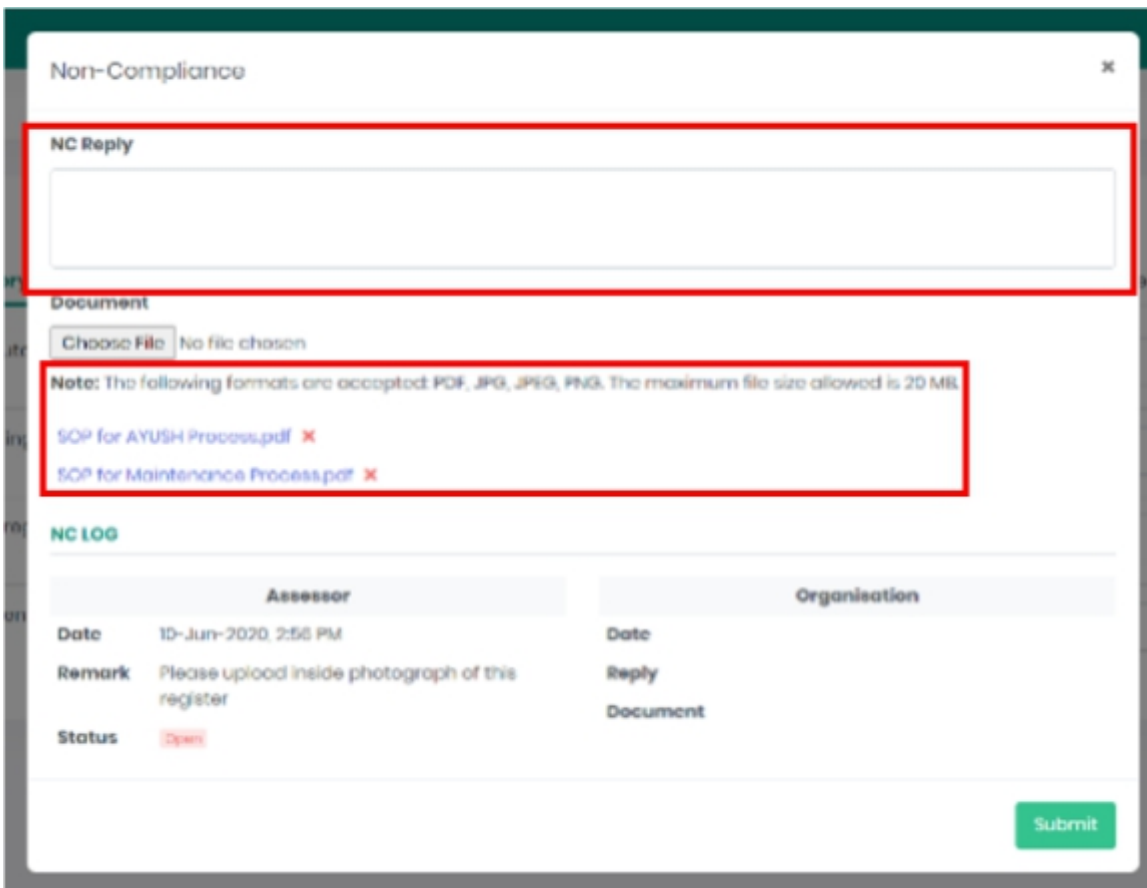


Step 3: The red color of the NC Button shows that there might be an NC waiting for a reply. Click on the NC Button to reply against the NC raise.

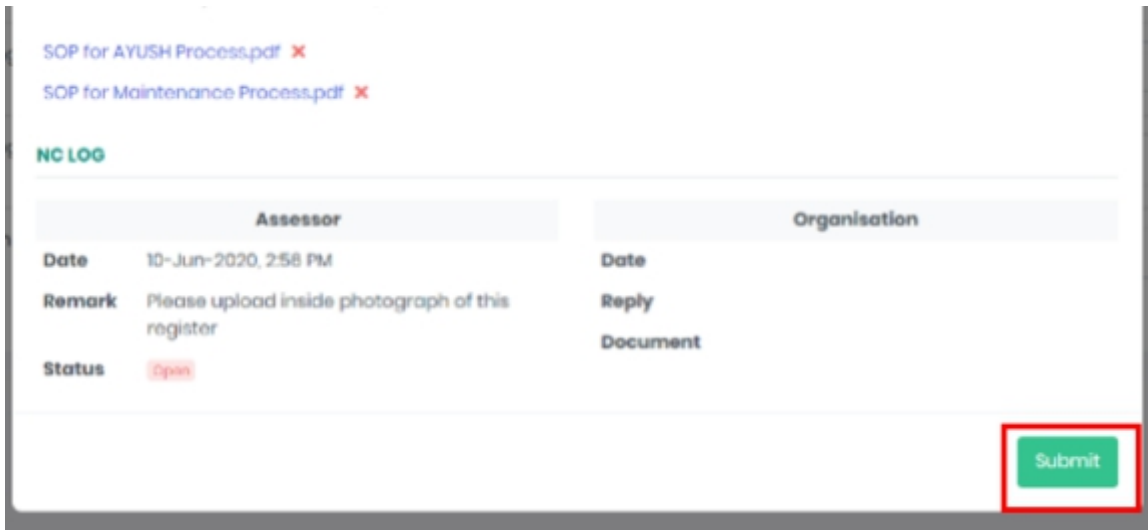


*Button Text as “NC 1” denotes the NCs raised at the first round of Desktop Review and “NC” denotes the NCs that were not closed in the 1st round review and carried forward to the second round.

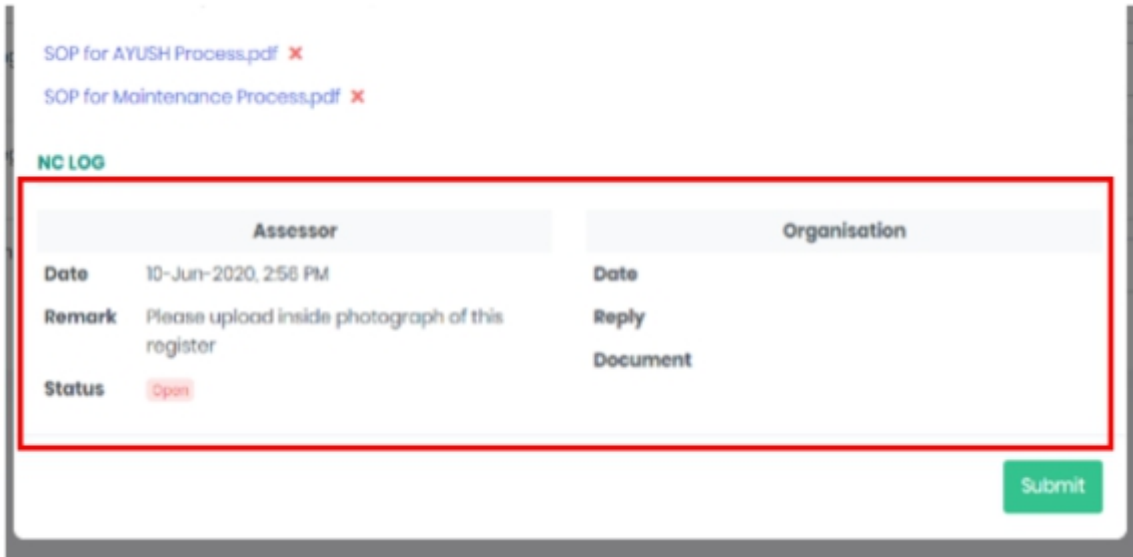
Step 4: Mention the remark/reason for the raised NC at the “NC Reply” text box and upload the evident document by clicking on the “Choose File” button.



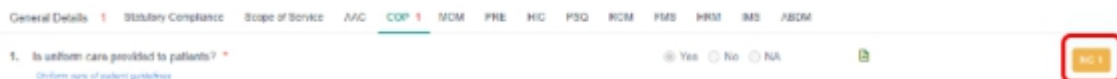
Step 5: When all the required documents are uploaded and the required reasons are provided, click on the “Submit” button to successfully submit the response for the respective NC.



Step 6: Applicants can view the log of NC remarks and response for every round at the “NC Log” section.



Step 7: The NC Button will change to a “Yellow” color upon successful response upload.



6

KEYS POINTS TO REMEMBER

- E-mail ID and Contact Number entered during the registration process by the applicant will be used throughout the entire accreditation process. Enter the respective details correctly.
- Once the payment is made by the applicant, the application will go to the desktop assessment team for verification.
- Upon verification by the team, the applicant will receive mail for any non-compliances raised in the application.
- Applicants have to use the same ID they used while registering to reply to the NC raised.
- After logging in to the web portal, the applicant will have to check each section in which NC has raised.
- The applicant has to submit a reply to all the NCs before the application can move to the subsequent assessment stage.
- Throughout the accreditation process, applicants can use the 'Reference ID' to track the status of their application.
- Applicant can communicate with the NABH Secretariat at any moment after submitting the application form by using the 'Remark' section.

The screenshot displays the NABH Hospital Accreditation web portal. The top navigation bar includes 'Dashboard', 'Guidelines', 'Application Form', 'Remarks' (highlighted with a red box), 'Payment Details', 'Guidebook', 'Portal Manual', 'SAT', and 'Uploads'. A 'Days Left' button is visible on the right. The main content area is divided into several sections:

- Application Progress:** A horizontal timeline showing stages: Application Stage (checked), Application Fee (checked), Desktop Review (active), Assessment Selection, Onsite Assessment, Committee Verification, and Accredited.
- Other Assessment Status:** A horizontal timeline showing stages: Pre-Assessment, Focus, Surveillance, Verification, and Surprise.
- Annual Fee Progress:** A horizontal timeline showing stages: 1st Fee, 2nd Fee, 3rd Fee, and 4th Fee.
- Application Information:** A table with the following data:

Field	Value
Reference ID	HCO-05-2021-00004
Hospital Name	Oxford
State	Kerala
Application Number	HCO/21/N00004
Application Type	New
- Application Stage History:** A table with the following data:

Stage	Date
DR NC Review	31-Mar-2022
DR NC Response	08-Feb-2022
DR In Progress	08-Feb-2022



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

ITPI Building, 5th Floor, 4A, IP Estate, Ring Road, New Delhi-110002
Email: helpdesk@nabh.co | Website: www.nabh.co