

# Guidebook on Entry-Level Certification for HCOs/SHCOs



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## **1. About the Organization**

### **1.1 Quality Council of India**

Established in 1997 through a Cabinet decision of the Government of India (GoI) – QCI is an autonomous organization under the Department of Industrial Policy and Promotion (DIPP), 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**

1. National Accreditation Board for Hospitals and Healthcare Providers (NABH)
2. National Accreditation Board for Certification Bodies (NABCB)
3. National Accreditation Board for Testing and Calibration Laboratories (NABL)
4. National Accreditation Board for Education and Training (NABET)
5. National Board for Quality Promotion (NBQP)

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

NABH is a constituent board of Quality Council of India, set up to establish and operate accreditation and other allied programmes 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/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 board of Asian Society for Quality in Healthcare (ASQua).

#### **1.4 NABH Program and Activities**

- **Accreditation-** NABH accreditation is aimed at establishing common framework for healthcare organizations to demonstrate and practice compliance to 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, Nursing Excellence, Medical Laboratory Program and Standards for Emergency Department in Hospitals.
- **Empanelment-** A network of ECHS And CGHS empaneled 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 & 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.

## **2. Accreditation Overview**

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### **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 time period. The goal is continuous development, quality improvement and overall performance of the organization.

### **2.2 About Healthcare Accreditation**

National Accreditation System for hospitals ensure that hospitals and healthcare organisations, 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 organisation. In India, Healthcare System operates in an environment of rapid social, economical and technical developments and raise concerns on the quality of healthcare. Therefore, an assurance by the Accreditation Body helps in creating accountability of healthcare organisation among its stakeholders and making it more receptive with the trust of improved services.

### **2.3 Role of Accreditation Bodies**

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

### **2.4 Why NABH?**

It is a national accreditation body aimed to ensure that healthcare organizations are providing quality care and high quality of services to the patients. An accreditation status through NABH provides 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 the global standards and increase patient footfall and have a share of growing medical tourism market in India.

NABH Accreditation and Certification Program sets the highest benchmarks of hospital operations at all levels and across functions as per the globally accepted norms. The standards provide 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.

### **2.5 Benefits of NABH Certification-**

**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 health care organization stimulates continuous improvement. It enables the organization in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organization. It provides an opportunity to healthcare unit to benchmark with the best and benefit from financial incentives given under various government schemes to such accredited hospitals.

**Healthcare Staff-** It improves 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.

### **3. Process of Entry Level Certification Program**

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#### **3.1 Difference between NABH Full Accreditation and Entry Level Certification**

- **Full Accreditation**

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

- **Entry Level Certification**

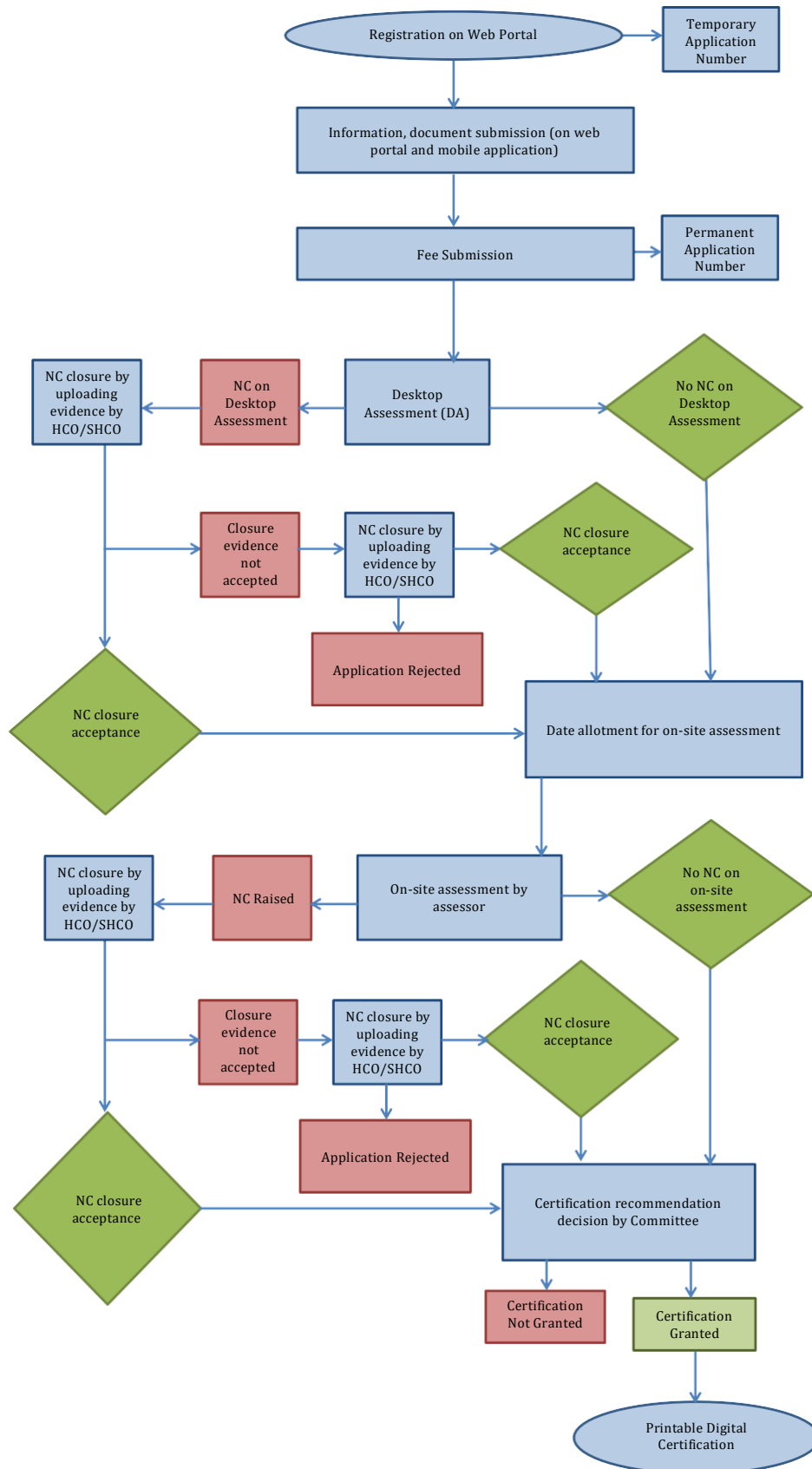
As numerous hospitals were facing challenges and difficulties in implementing the complete Accreditation Standards, therefore, NABH has developed Entry Level Certification program with simplified objective elements, in consultation with various stake holders in the country, as a stepping stone for enhancing the quality of patient care and safety. It is also the first step towards NABH Accreditation.

#### **3.2 About HOPE – Healthcare Organizations’ Platform for Entry-Level Certification**

QCI has launched a new platform, Healthcare Organizations’ Platform for Entry-Level Certification (HOPE) for the Entry Level Certification program. The complete certification process that includes registration, documentation and fee submission will be carried out on HOPE. It is a multifarious platform for certification process of Healthcare organizations which provides complete information about the simplified certification process, requirements and compliances. HOPE incorporate guidebook, presentations, documents, videos in knowledge bank and additionally supported with a toll free helpline.



### 3.3 Procedure for Entry Level Certification



### **3.4 Steps for Entry Level Certification**

#### **3.4.1 Registration**

HCOs/SHCOs can register online on [www.hope.gcin.org](http://www.hope.gcin.org). An account will be created after filling the user registration form. User can login with the username and password received on their registered mail id and has to submit all the required details through web portal and mobile application followed by the fee payment. The details entered by applicant for registration on the HOPE website cannot be edited once the details are submitted. Please make sure that the details are filled accurately.

Please ensure that you change your password as per your convenience once you login to your account. (It has been explained in detailed in Chapter 5).

#### **3.4.2 Sections to be filled on HOPE Portal**

##### **a) General Information**

This section covers basic information of the hospital and is divided into the following categories:

- **Contact Details-** Covers details such as the Name of the Hospital, Address, the person responsible for coordinating and implementing the quality improvement programme. It also includes the City and State in which the hospital is located.
- **Hospital Information-** Covers details related to hospital establishment like Registration Number, Registration Date, Type of Ownership.

##### **b) Statutory Compliances**

This section covers the following things –

- **Statutory Compliances** – This section states the types of statutory compliances the organization must provide. It includes acquired licenses such as, the AERB license for X-Ray, Mobile X-Ray, OPG, CT scan, radiotherapy, IMRT, Cobalt, Linear Accelerator, Brachytherapy etc. In addition, license number, status, issuing authority etc. are also evaluated.
- **Details of MoU of various outsourced services related to the hospital** – This part of the statutory compliance validates the various outsourced services and details of the same.

##### **c) Hospital Staffing**

This section covers details pertaining to the Hospital Staff such as name, designation, qualification, type of degree, registration number, working department etc. It is divided into the following categories:

- **General duty medical officers**
- **Nurses**
- **Paramedical staff**
- **Administrative and support staff**

#### **d) Clinical Services Details**

This section covers the type of clinical service details in the hospital such as OPD / IPD data, Average Occupancy Rate, ICU Data, Scope of Services, etc. The Scope of Service include the name of the service offered, details of full time / part time / visiting consultants, doctors name, graduation, post- graduation, etc. Additional information required from the HCOs/SHCOs is as follows:

- **Ten most frequent clinical services where admissions take place**
- **Ten most frequent diagnoses for in-patients**
- **Ten most frequent surgical procedures at your hospital**
- **Choose the type of sterilization modes used in the hospital**

#### **e) Physical Infrastructure**

This section focuses on the physical infrastructure of the hospital. It gives a clear indication of the kind of medical facilities available at the hospital. It covers the following details:

- **Bed Strength**-Seeks information about the number of operational bed for categories like Emergency ward, ICU, HDU, General, private and semi-private ward.
- **Service Offered**- Seeks location details of the services offered like Anesthesia, blood bank, cardiac OY, cath lab, CCU, ICU, labour room, medical ward, NICU, nuclear medicine, OT, ortho ward etc.
- **Laboratory Services**- Requires information of laboratory services which includes Clinical Bio-chemistry, Clinical Microbiology and Serology, Clinical Pathology, Cytopathology, Genetics, Haematology, Histopathology, Toxicology and Molecular Biology labs.
- **Diagnostic Imaging**- Validates details of service offered like Bone Densitometry, CT Scanning, DSA Lab, Gamma Camera, Mammography, MRI, Nuclear medicine, PET, ultrasound, Urodynamic Studies and X-Ray.

- **Others-** Covers the remaining services offered by the hospital like 2D Echo, Audiometry, EEG, EMG/EP, holter monitoring, Spirometry-PFT and Tread Mill Testing.

Apart from these clinical services this section includes questions like Availability of electrical supplies, water supplier, elevators, Type of trolleys present at the hospital, Ambulance Accessibility, Uniform signage system in the Facility etc.

#### **f) Quality Improvement Process**

This section covers all the vital areas related to patient care, the details are as follows

- **Committee/Coordinator-** Answers questions, whether the hospital has a committee /coordinator for activities such as quality safety, infection control, pharmacy and therapeutic, blood transfusion and medical record.
- **Registration, Admission and Billing process-** Focuses on parameter for patient identification, patients rights and responsibilities and documentation of registration and admission of patients.
- **Patient and Family Education-**Consists of consent records required from patient and family end - Blood and Blood Products Transfusion Consent, Blood Donation Consent, Anesthesia Consent, Surgery Consent.
- **Patient Related Process-** Information pertaining to UHID of patient and his/her corresponding document forms for OPD, IPD, emergency, MLC etc. are checked.
- **Nursing Care Process-** Includes nursing documentation like medication administration record, nursing monitoring charts and nurses notes.
- **Medication Management-** Includes documentation like storage of medication, emergency medication, prescription, medication order etc.
- **Human Resource Training-** Verifies trainings conducted by HCOs on scope of services, Safe practices in Laboratory, Safe practices in Imaging, care of Emergency patients in consonance with the scope of the services of hospital, Child Abduction Prevention, Disciplinary procedures etc.
- **Infection Control-** Focuses on Hand Hygiene, General Cleanliness, Standard Precaution & Personal Protective Equipment, Occupational Health, Bio Medical Waste, Water Testing etc.
- **Management Process-** Seeks information regarding Medication Error and Adverse Drug Reaction, Laboratory, Blood Bank etc.

- **Safety Management-** Requires photographs to be uploaded for the safety management devices/procedures like Adequate safety devices that are available in the lab, Aprons and shields usage for shielding of body parts of staff and patients, Department where radioactive drugs are used, Filled WHO Surgical Safety checklist used for every surgery.
- **Record Management-** Documents pertaining to Medical Records and Fire Extinguishers in the Medical Record Department (MRD) are required.

#### **g) Documentation**

This section covers all the important documents related to General Information, Statutory Compliances, Hospital Staffing, Clinical Services Details, Physical Infrastructure and Quality Improvement Process. Documentation will be done by using web portal.

#### **3.4.3 Fee Submission**

The fee to be submitted by HCO (Hospitals with More than 50 Sanctioned beds) and SHCO (Hospitals up to 50 Sanctioned beds) is as follows:

- **HCO** – Entry Level Certification Fee: Rs 52,000 + GST
- **SHCO** – Entry Level Certification Fee: Rs 21,000 + GST

#### **3.4.4. Desktop Assessment**

Desktop Assessment of HCOs will be done online through web portal and mobile application by DA team. DA team will raise NCs and HCOs/SHCOs will have a specified timeline to close all the non-compliances. The DA team will have to verify all the replies within a specific period of time.

#### **3.4.5 On Site Assessment**

After closing all non-compliance(s) generated at DA stage, HCOs will be moved to next stage of on-site assessment followed by the assessment planning. On-Site Assessment will be done by the assessor. Final quality check of the assessment will be done by the experts and NCs (if any) will be raised for any clarifications or missing pieces. HCOs will be having a defined time to close all the NCs.

#### **3.4.6 Certification**

Application will be sent to certification committee after closure of all the NCs from HCOs and quality check team. Final decision taken by the committee will be notified

to the HCOs. If the application gets rejected at committee stage, HCOs will be having an appeal facility after paying the appeal fees. Digital Certificate will be provided to all the hospitals that the accreditation committee approves.

#### 4. Outline of The Questionnaire

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Entry Level Certification Process is based on the NABH standards that comprises of 10 chapters. As part of the HOPE program the Entry Level Certification Questionnaire has been revised to make it simpler and has been drafted based on the objective element given in the aforementioned NABH standards. The standards are detailed below-

##### 4.1 Outline of NABH Standards

##### Patient Centered Standards

Chapter	Description
Access, Assessment and Information (AAI)	Lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the hospital and till discharge.
Care Of Patient (COP)	Patients in the Emergency Department are provided urgent care including ambulance services in consonance with their clinical requirements and in accordance to the statutes of the land.
Hospital Infection Control (HIC)	The standards guide the provision of an effective infection control programme in the organization. Their programme should be documented and aimed at reducing/eliminating infection risks to patients, visitors and providers of care while proactively monitoring its adherence.
Management of Medication (MOM)	The organization should have a mechanism to ensure that the emergency medications are standardized, readily available and replenished in a timely manner. The process

	also includes monitoring of patients after administration and procedures for reporting and analyzing adverse drug events.
Patient Right and Education (PRE)	The HCO should define the patient and family rights and responsibilities. In addition, the staff should be trained to protect patient rights and patients are informed of their rights and educated about their responsibilities at the time of admission.

### Organization Centered Standards

Chapter	Description
Continuous Quality Improvement (CQI)	The standards introduce the subject of continual quality improvement and patient safety by documenting HCOs quality and safety programme and involve all areas of the organization and staff members in it.
Responsibilities of Management (ROM)	The standards encourage the governance of the organization in a professional and ethical manner. The responsibilities of the management are defined.
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 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.

**4.2 Revised Questionnaire for Entry-Level Certification-** The Questionnaire is divided into seven parts, which has been elaborated in Section 3.4.

The categorization into seven parts is as follows-

Part I – General Information

Part II – Physical Infrastructure

Part III – Statutory Compliances

Part IV- Clinical Services Details

Part V – Hospital Staffing

Part VI –Quality Improved Process

Part VII- Documentation Requirements



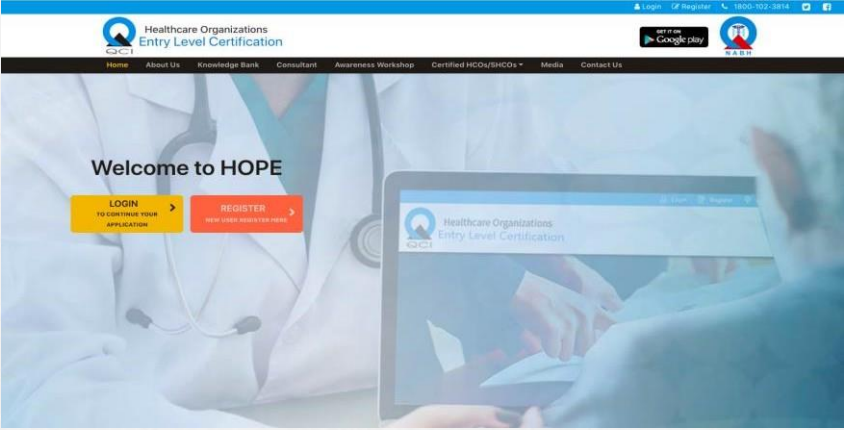
## 5. HOPE- Healthcare Organizations' Platform for Entry Level Certification

### 5.1 Registration steps on web portal

#### Step 1:

STEPS TO APPLY ONLINE

Go to [www.hope.qcin.org](http://www.hope.qcin.org) to open the web page and click on 'register' tab



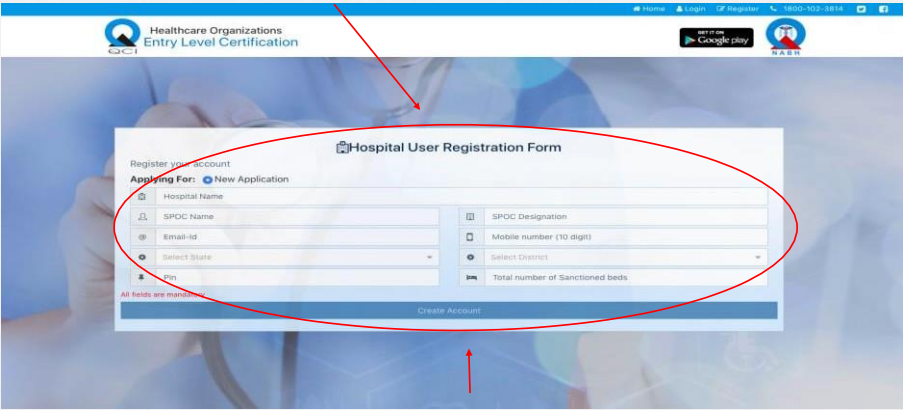
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#### Step 2:

STEPS TO APPLY ONLINE

Fill in all the details




Then Click on **Create Account**

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### Step 3:

## STEPS TO APPLY ONLINE



**On-Screen Pop-Up Appears that confirms successful registration of the HCO**

hope.qci.org.in says


Hospital has been successfully registered on Hope Portal. Password to login into the portal has been sent on get2amardeep@yahoo.com

OK

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### Step 4:

## STEPS TO APPLY ONLINE



**HOPE Admin**  
To: get2amardeep@yahoo.com  
Dec 15 at 12:28 PM

Dear ASB,

**Refer:-**  
You can access the web application as per given details:  
[link of this application](#)  
**Username:** get2amardeep@yahoo.com  
**Password:** [REDACTED]

You can utilize the web portal for following facilities:  
1. Update Your Profile  
2. Complete Your Hospital Registration Form

Regards  
NABH Admin

**User receives email with Username and Password**

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## Step 5:

### STEPS TO APPLY ONLINE

Username  
[Redacted]@gmail.com

Password  
\*\*\*\*\*

Login

Login with the registered Username and Password as received on mail

\*Login using credentials shared via mail

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## Step 6:

### STEPS TO APPLY ONLINE

Home Page as appears after logging in

SPOC Name Displayed on the top right

HOPE(Healthcare Organizations Entry Level Certification)

Shivangi Singh

Registration Form

How to apply

List of Documents


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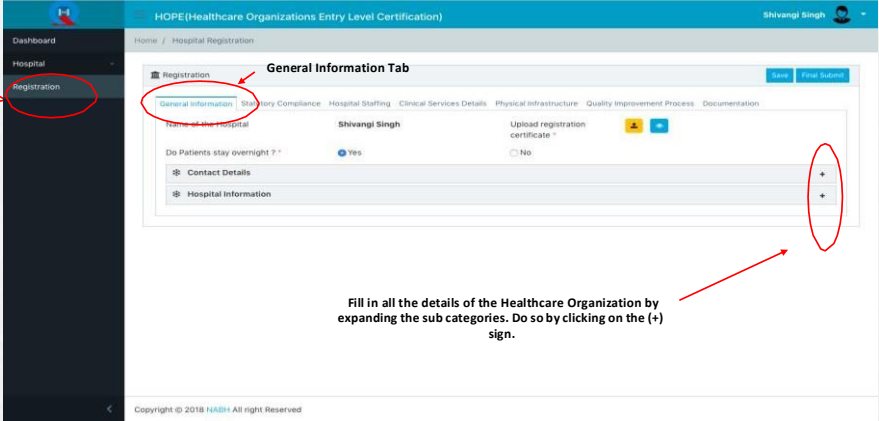
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## Step 7:

### STEPS TO APPLY ONLINE





Home Page after clicking on Registration will show the registration details




Fill in all the details of the Healthcare Organization by expanding the sub categories. Do so by clicking on the (+) sign.

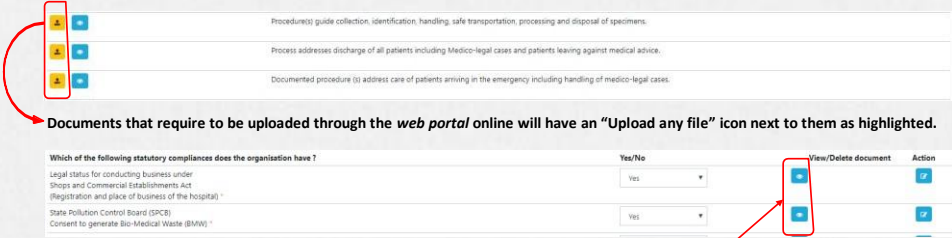
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## Step 8:



### Difference between web portal and mobile application documentation uploads





Documents that require to be uploaded through the *web portal* online will have an "Upload any file" icon next to them as highlighted.

Documents that require to be uploaded through the *mobile application* online will have a "View Uploaded File" icon next to them as highlighted.


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## Step 9:

### STEPS TO APPLY ONLINE

Statutory Compliances Tab

HOPE(Healthcare Organizations Entry Level Certification)

Home / Hospital Registration

Registration

General Information | **Statutory Compliances** | Hospital Staffing | Clinical Services Details | Physical Infrastructure | Quality Improvement Process | Documentation

Note: Attach relevant documents/evidence for all compliances which are self-attested by the head of the organization

- Statutory Compliances
- Details of MoU of various Outsourced Services related to the hospital

Attach relevant documents and fill complete details of the HCO.

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Attach relevant documents and fill complete details of the HCO.

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## Step 10:

### STEPS TO APPLY ONLINE

Fill up all the details in the below seven sections highlighted as under

HOPE(Healthcare Organizations Entry Level Certification)

Home / Hospital Registration

Registration

General Information | Statutory Compliance | **Hospital Staffing** | Clinical Services Details | Physical Infrastructure | Quality Improvement Process | Documentation

- General Duty Medical Officers
- Nurses
- Paramedical Staff: (OT, ECO, Radiology, PFT, Lab, Optometrist, EMG, Dialysis)
- Administrative & Support Staff
- Nurse Patient Ratio

What is nurse patient ratio in following areas ? \*

Note: The ratio should be in the format Number of Nurse/Number of Patient.

Ward*	Ward
ICU (ventilated)*	ICU (ventilated)
ICU (non-ventilated)*	ICU (non-ventilated)

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## Step 11:

### STEPS TO APPLY ONLINE

Applicant can save their progress any time during the process of filling up the application form

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## Step 12:

### STEPS TO APPLY ONLINE

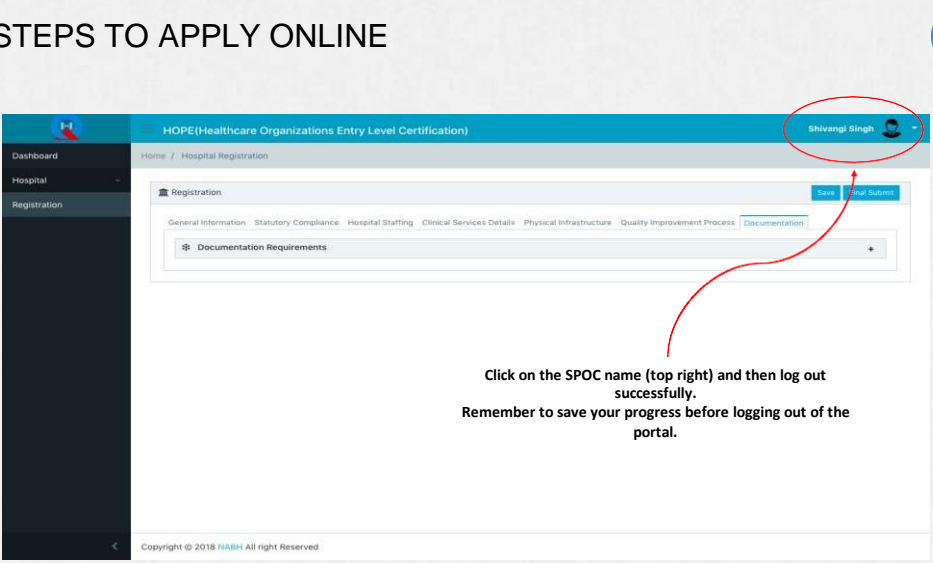
After filling up all the necessary details and attaching all the required documents, Click on the "Final Submit" button

*\* Note: The applicant will not be able to make any changes to the form after clicking this button*

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### Step 13:

**STEPS TO APPLY ONLINE**



Click on the SPOC name (top right) and then log out successfully.  
Remember to save your progress before logging out of the portal.

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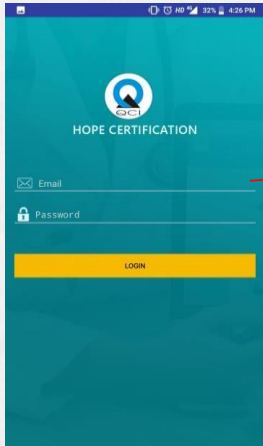
### 5.2 Key Points to Remember-

- It is compulsory to save the information on the **Desktop Portal** first before using the **Mobile Application** for further documentation uploads.
- The applicant can only login on either the Desktop Portal or the Mobile Application and cannot use both the online tools simultaneously.
- The Mobile Application can only be downloaded on **Android Operating Systems**.
- It is necessary to make sure that user is connected to an active internet connection while uploading documents on Mobile App.
- The details entered by applicant for registration on the HOPE website cannot be edited once the details are submitted. Please make sure that the details are filled accurately.

## 5.3 Documentation Steps- Mobile App

### Step 1:

### USING THE MOBILE APPLICATION

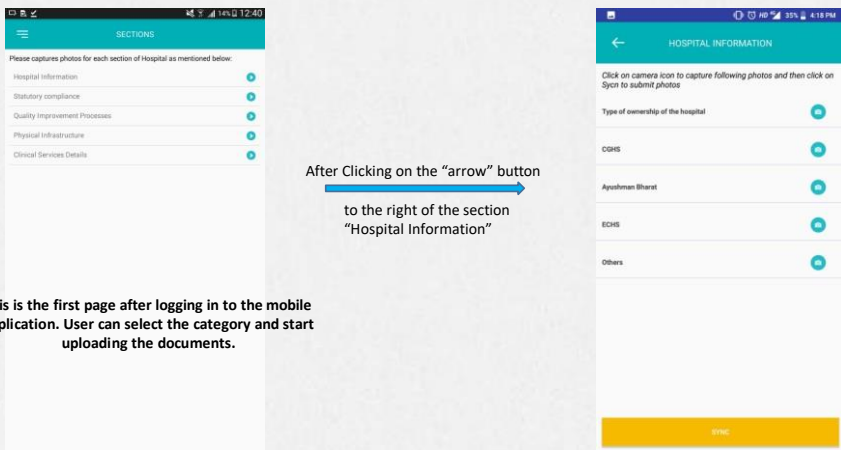


Login to the mobile application with the username and password created through the web portal

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### Step 2:

### STEPS TO UPLOAD DOCUMENTATIONS



After Clicking on the "arrow" button to the right of the section "Hospital Information"

This is the first page after logging in to the mobile application. User can select the category and start uploading the documents.

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### Step 3:

## STEPS TO UPLOAD DOCUMENTATIONS

**1.** A blue “camera” icon shows that NO photographic evidence has been added to the corresponding parameter yet

**2.** Upload the documents according to the parameter by clicking on the adjacent “Camera” shaped icon

**3.** The “camera” icon now turns orange, after the photographic evidence has been added

**4.** Tap on the “SYNC” button to upload the photographic evidence to the web portal online

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### Step 4:

## VERIFICATION OF UPLOADED DOCUMENTATIONS ON WEB PORTAL

Click on the “View the uploaded file” button


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## Step 5:

### VERIFICATION OF UPLOADED DOCUMENTATIONS ON WEB PORTAL



On-Screen Pop-up appears showing the serial number of the file uploaded and "Action" that can be taken to either "Download" the document or "Delete" it as deemed fit.

Name	Action
1546080916949.jpg	 

Document Serial Number

"Download" Button

"Delete" Button

"Action" Buttons


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## Step 6:

### STEPS TO UPLOAD DOCUMENTATIONS



CLINICAL SERVICES DETAILS

PHYSICAL INFRASTRUCTURE

Do not forget to click on the SYNC button to update the uploaded documents online and save your progress

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#### **5.4 Keys points to remember-**

- Once the payment has been made by the applicant, the application will go to the desktop assessment team for verification.
- Upon verification by the team, applicant will receive a mail for any non-conformity raised in the application.
- Applicants have to use the same ID and Password, they used while registering, to reply the NC raised.
- After logging in the web portal, applicant will have to check each tab in which NC is raised.
- Applicant has to submit reply to all the NCs before the application can move to the onsite assessment stage.

#### **5.5 Steps to reply to DA NC**

##### **Step 1:**

**STEPS TO REPLY TO NC RAISED- STAGE 1**

HOPE (Healthcare Organisation Platform for Entry Level Certification)

Dashboard / Hospital

Your Application Number [REDACTED]

Registration Form | How to apply | List of Documents | Assessment Results

Hospital has to visit the registration form as soon as they receive mail stating that NC has been raised on their application form.

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**Step 2:**

### STEPS TO REPLY TO NC RAISED- STAGE 1

Number in front of each tab will indicate total number of NCs raised in that section/tab

Registration Submit DA Review | DA Completed

General Information 2 | Statutory Compliance 4 | Hospital Staffing | Clinical Services Details 7 | Physical Infrastructure 8 | Quality Improvement Process 4

Documentation 10 | Location | DA Remarks

**Visit every tab in the form to see the NC raised (if any) which will appear like image shown below. -**

**Documentation Requirements**

**Note:** Upload scanned copy of all the documents

<input type="checkbox"/>	Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.*	NC
<input type="checkbox"/>	Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.*	NC
<input type="checkbox"/>	Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.*	NC
<input type="checkbox"/>	Documented policies and procedures are used to guide the rational use of blood and blood products.*	NC
<input type="checkbox"/>	Documented procedures govern transfusion of blood and blood products.*	NC
<input type="checkbox"/>	Documented procedure for the administration of anaesthesia.*	NC
<input type="checkbox"/>	Defined criteria to transfer the patient from the recovery area.*	NC
<input type="checkbox"/>	Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.*	NC

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**Step 3:**

### STEPS TO REPLY TO NC RAISED- STAGE 1

NC reply page after clicking on NC button will show the remarks provided by DA team

DA team remark to see why NC has been raised.

HCO/SHCO has to submit relevant reply against the NC raised.

HCO/SHCO can upload the document to support the reply submitted against the NC raised.

Save the NC reply details by clicking on the "Save" button

NC Yes No

**NC Remark**

NC Remark : Not in standard format.

**NC Reply (HCOs/SHCOs)**

NC Reply : NC Reply

Document : Choose File | No file chosen | Upload

**NC Logs**

Assessor	Hospital
Date : 02/04/2019, 2:35 PM	Date :
NC Remark : Not in standard format.	NC Reply :
NC Status : Open	Document :

Save

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**Step 4:**

## STEPS TO REPLY TO NC RAISED- STAGE 1

**Registration** Payment Details    Submit NC Reply

General Information 2    Statutory Compliance 4    Hospital Staffing    Clinical Services Details 7    Physical Infrastructure 8    Quality Improvement Process 4

Documentation 10 : Location    DA Remarks

**Documentation Requirements**

**Note:** Upload scanned copy of all the documents

	Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.*	
	Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.*	
	Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.*	
	Documented policies and procedures are used to guide the rational use of blood and blood products.*	
	Documented procedure for the administration of anaesthesia.*	
	Documented procedure address: the prevention of adverse events like wrong site, wrong patient and wrong surgery.*	
	Documented procedure incorporating purchase, storage, prescription and dispensation of medications.*	
	Documented procedures address procurement and usage of implantable prostheses.*	

**NC icon color will change to yellow after NC reply has been submitted for that parameter.**

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**Step 5:**

## STEPS TO REPLY TO NC RAISED- STAGE 1

After replying to NC and saving the data, response submitted will be shown in the NC log section.

**NC** Yes    No

**NC Remark**

NC Remark : Not in standard format.

**NC Reply (HCOs/SHCOs)**

NC Reply : Relevant Document has been uploaded.

Document :  No file chosen


**NC Log**

Assessor	Hospital
Date : 02/04/2019, 2:35 PM	Date : 12/04/2019, 11:46 AM
NC Remark : Not in standard format.	NC Reply : Relevant Remark Document has been uploaded. :
NC Status : Open	Document : <input type="button" value="Add Bulk/View Details/Close"/>

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## Step 6:

### STEPS TO REPLY TO NC RAISED- STAGE 1



After replying to all the raised NC, click on "Submit NC Reply" button for final submission.























Registration

General Information 2 Statutory Compliance 4 Hospital Staffing Clinical Services Details 7 Physical Infrastructure 8 Quality Improvement Process 4

Documentation 10 Location DA Remarks

**Documentation Requirements**

**Note:** Upload scanned copy of all the documents.


		Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.*	
		Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.*	
		Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.*	
		Documented policies and procedures are used to guide the rational use of blood and blood products.*	
		Documented procedure for the administration of anaesthesia.*	
		Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.*	
		Documented procedure incorporating purchase, storage, prescription and dispensation of medications.*	
		Documented procedures address procurement and usage of implantable prostheses.*	

**\* Note: The applicant will not be able to make any changes to the form after clicking this button**

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## Step 7:

### STEPS TO REPLY TO NC RAISED- STAGE 2



All the NC replies which are not closed by DA team, will appear in red colored icon. Hospital has to submit replies to all those NCs in the second stage.























Registration

General Information 1 Statutory Compliance 2 Hospital Staffing Clinical Services Details 3 Physical Infrastructure 2 Quality Improvement Process 4

Documentation 5 Location DA Remarks

**Documentation Requirements**

**Note:** Upload scanned copy of all the documents.

		Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.*	
		Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.*	
		Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.*	
		Documented policies and procedures are used to guide the rational use of blood and blood products.*	
		Documented procedure for the administration of anaesthesia.*	
		Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.*	
		Documented procedure incorporating purchase, storage, prescription and dispensation of medications.*	
		Documented procedures address procurement and usage of implantable prostheses.*	

**All the NC replies verified and closed by DA team will appear in green colored icon.**

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## Step 8:

**STEPS TO REPLY TO NC RAISED- STAGE 2**

After replying to all the raised NC, click on "Submit NC Reply" button for final submission. Please note that this will be the last chance to clear all the NCs.

Registration

General Information 1 Statutory Compliance 2 Hospital Staffing Clinical Services Details 3 Physical Infrastructure 2 Quality Improvement Process 4  
Documentation 5 Location DA Remarks

**Documentation Requirements**

Note: Upload scanned copy of all the documents

Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.*	NC
Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.*	
Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.*	
Documented policies and procedures are used to guide the rational use of blood and blood products.*	NC
Documented procedure for the administration of anaesthesia.*	NC
Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.*	NC
Documented procedure incorporating purchase, storage, prescription and dispensation of medications.*	NC
Documented procedures address procurement and usage of implantable prostheses.*	NC

\* Note: The applicant will not be able to make any changes to the form after clicking this button. This will be last chance to clear all the raised NCs

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## 6. Post Entry Level Certification – Full Certification & Maintenance of Accreditation

### 6.1 Levels of Hospital Accreditation

The validity period for Entry Level Certification is for two years. Once it is achieved, the HCO can then consider to prepare and move to the next stage that is to Full Accreditation status. The validity period for NABH full accreditation is for 3 years subject to terms and conditions.

### 6.2 Ongoing Process of Accreditation

NABH accreditation is not a one-time event, and the accreditation is not permanent. The onus of continuously maintaining standards and continuously monitoring policies and practices falls on the hospital. Once a hospital gets accredited, the accreditation is valid for a defined period and is subject to change based on subsequent surveillance. NABH conducts a regular surveillance of the accredited organization (the first such is usually planned during the 2<sup>nd</sup> year).

## 7. Abbreviations

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1. DA- Desktop Assessment
2. NC- Non Compliance
3. HCO- Healthcare Organizations
4. SHCO- Small Healthcare Organisations
5. ECHS- Ex-Servicemen Contributory Health Scheme
6. CGHS – Central Government Health Scheme
7. AERB – Atomic Energy Regulatory Body
8. OPG - Orthopantomogram
9. CT - Computed Tomography
10. IMRT- Intensity Modulated Radiation Therapy
11. OPD- Out Patient Department
12. IPD - Inpatient Department
13. ICU- Intensive Care Unit
14. HDU- High Dependency Unit
15. CCU- Critical Care Unit
16. NICU- Neonatal Intensive Care Unit
17. OT- Operation Theater
18. DSA- Digital Subtraction Angiography
19. PET- Polyethylene Terephthalate
20. EEG- Electroencephalography
21. EMG- Electromyography
22. UHID- Unique Health Identification Number
23. MLC- Medico Legal Cases
24. WHO- World Health Organization



## **8. Documentations Required**

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### **1 - General Information**

- Certificate which validates the registered name of the Hospital to be uploaded through portal

Note - The same name will appear on the digital certificate provided at the end of pre-entry level accreditation certification process.

### **Hospital Information**

- Registration Certificate of hospital under one of the following body /act to be uploaded through portal
  - State / Local Statutory Hospital Registering Body
  - Clinical Establishment Act
  - Shop and Establishment Act
- Registration Certificate of hospital for type of ownership/partnership like private-corporate, proprietary, cooperative society etc. to be uploaded through portal
- Certificate of the hospital under any government empanelment schemes (as applicable) such as ECHS, CGHS, etc. to be uploaded through mobile application

### **2 - Physical Infrastructure**

- Documentation pertinent to Land / Rent Agreement or occupancy certificate to be uploaded through portal.

### **Laboratory Services (as applicable) – If any of the services is located outside the hospital premises**

MoU with the other Hospital to be uploaded through portal for:

- Clinical Biochemistry Lab
- Clinical Microbiology & Serology Lab
- Clinical Pathology Lab
- Cytopathology Lab
- Genetics Lab
- Hematology Lab
- Histopathology Lab
- Toxicology Lab

- Molecular Biology Lab

**Diagnostic Imaging (as applicable)- If any of the services is located outside the hospital premises**

MoU with the other Hospital to be uploaded through portal for:

- Bone Densitometry service vendor
- CT Scanning service vendor
- DSA Lab
- Gamma Camera service vendor
- Mammography service vendor
- MRI service vendor
- Nuclear Medicine service vendor
- PET service vendor
- Ultrasound service vendor
- Urodynamic Studies service vendor
- X-Ray service vendor

**Others Services (as applicable) – If any of the services is located outside the hospital premises**

MoU with the other Hospital to be uploaded through portal for

- 2D Echo service vendor
- Audiometry service vendor
- EEG service vendor
- EMG/EP service vendor
- Holter Monitoring service vendor
- Spirometry - PFT service vendor
- Tread Mill Testing service vendor

**Other Diagnostic Services**

- MoU with the other Hospital to be uploaded through portal for any other diagnostic service offered.

**Water Supplier**

- Certificate of portability of alternate as well as drinking water source as per IS 10500: 2012 to be uploaded through mobile application

**Elevators**

- Certificate of Lift License / Safety for all elevators to be uploaded through portal

### **Ambulance – All Documents uploaded through Mobile Application**

- List of dugs present in the ambulance
- Training records and driving license of the drivers deputed in ambulances
- Training records of the doctors deputed in ambulances
- Training records of the nurses deputed in ambulances
- Training records of the technicians deputed in ambulances

### **3 Statutory Compliances (as applicable) – All Documents to be uploaded through Mobile Application**

- Legal status for conducting business under Shops and Commercial Establishments Act (Registration and place of business of the hospital) certificate
- State Pollution Control Board (SPCB) Consent to generate Bio-Medical Waste (BMW)
- MoU with BMW collecting Agency
- Pollution Control Board License for water and Air Pollution (above 50 beds)
- Registration under PC-PNDT Act certificate
- Registration under MTP Act certificate
- AERB License for X-Ray
- AERB license for Mobile X-Ray(s)
- AERB License for Dental X-Rays
- AERB License for OPG
- AERB License for CT scan machine
- AERB License for Mammography services
- AERB License for BMD services
- AERB License for C-Arm services
- AERB License for Cath Lab
- RSO Level I,II,III License
- Nuclear Medicine Compliance License
- PET Scan Compliance License
- SPET / CT Compliance License
- Radiotherapy Compliance License
- IMRT Compliance License
- Cobalt Compliance License
- Linear Accelerator Compliance License
- Brachytherapy Compliance License
- Narcotics License

- Retail Pharmacy License

\* In case license is expired, document of renewal application will also be required which will be uploaded through portal.

**MoU of Outsourced Services related to the hospital**

- MoU with the other Hospital to be uploaded through portal for all the outsourced services.

**4 - Clinical Service Details OPD and IPD Data**

- UHID OF 5 patients treated in past 6 months under each clinical services offered to be uploaded through mobile application

**5 - Hospital Staffing**

*\*No Documents Required*

**6 - Quality Improvement Process Committee/Coordinator – All the documents to be uploaded through app**

- Documents for any two changes made in the hospital which are related to quality & patient safety along with the expenses incurred certified by Top Management.
- Documents for any five indicators data signed by top management.

**Registration Admission & Billing process (as applicable) -**

- Upload scanned copies of documents through portal for registration and admission of patients in the following
  - OPD
  - IPD
  - Emergency
- Upload a copy of basic tariff List which includes bed charges, OT, charges, ICU charges, packages, etc. through mobile application

**Patient and Family Education (Understandable Language by patient) (as applicable)**

- Blood and blood product consent of 3 patients to be uploaded through mobile application.
- Blood donation consent of 3 patients to be uploaded through mobile application.
- Anesthesia Consent of 3 patients to be uploaded through mobile application.
- Surgery consent of 3 patients to be uploaded through mobile application.
- Training material on education on safe parenting, nutrition and immunization to be uploaded through portal.

**Patient Related Processes (as applicable) – All the documents to be uploaded through app**

- Upload UHID of any one patient and corresponding filled Initial Assessment form for OPD by doctor, IPD by doctor, IPD by nurse and Emergency.
- Upload any 1 MLC or Police intimation form or MLC register scanned copy.
- Copy of scope of Obstetric Services being offered and UHID of Patient with corresponding copies of Ante natal check-ups, maternal nutrition, and post-natal care.
- Copy of UHID of any 1 patient and the corresponding filled copy of assessment sheet including nutritional, growth and immunization.
- Upload a copy of Pediatrics service
- Upload register (or any other documentary evidence) of patients who were referred/transferred from Inpatient area.
- Upload a filled patient case sheet of any 1 patient from the ICU.
- Upload a filled patient case sheet of any 1 patient from any 1 ward.
- Upload a copy of any 1 patient case sheet having Pre anesthesia assessment format.
- Upload a copy of any 1 patient case sheet having anesthesia monitoring format.
- Upload a copy of any 1 patient case sheet having post anesthesia status monitoring format.
- Upload a copy of adverse anesthesia events records in past 3 months (if applicable)
- Upload a copy of any 1 patient case sheet having Preoperative assessment and provisional diagnosis.
- Upload a copy of any 1 patient case sheet having Operative notes and Post-operative plan of care.
- Upload filled ward discharge summary (all pages) of any one patient.
- Upload filled discharge summary (all pages) of any one LAMA patient.

**Nursing Care Processes (as applicable) – All the documents to be uploaded through app**

- Upload 1 copy of nursing documentation (Medication Administration Record).
- Upload a copy of nursing monitoring charts.
- Upload a copy of nurses' notes.

**Medication Management (as applicable) – All the documents to be uploaded through app**

- Upload copies of fridge temperature records of last three months.
- Scanned list of emergency and high risk medications.
- Upload photo of stock of emergency medications.

- Upload copies of prescriptions of any 3 patients.
- Upload copy of medication order from ICU, Wards, Emergency, Obs & Gyn and Pediatric.

**Human Resource Training (as applicable) – All the documents to be uploaded through app**

- Upload training record for scope of services
- Upload training record for care of emergency patients
- Upload training record for Infection Control Practices
- Upload training record for Safety Education programme
- Upload training record for Medication Error
- Upload training record for Grievance Handling procedures
- Upload training record for Safe Practices in Laboratory
- Upload training record for Safe Practices in Imaging
- Upload training record for Child Abduction Prevention
- Upload training record video on fire mock drills
- Upload training record for Spill Management
- Upload training record for needle stick injury
- Upload training record for Disciplinary Procedures
- Upload training record of staff on Preparation and Administration of Chemotherapeutic Dugs

**Infection Control (as applicable) – All the documents to be uploaded through app**

- Upload copy of housekeeping checklist for any 3 locations.
- Upload photo of autoclaving records indicators.
- Upload Microbiological surveillance culture report of OT, Labor Room, ICU, and NICU (All for the past 3 months).
- Upload records of pre and post exposure prophylaxis provided to staff
- Upload Bio medical waste (BMW) authorization from Pollution control board (through portal)
- Upload MoU with outsourced bio medical waste agency (through portal)
- Upload photo of display of work instructions for segregation and handling of biomedical waste.
- Upload Record of fee, documents & report submitted to competent authorities on stipulated dates for BMW.

**Management Process**

- Upload a scanned copy of the documented hospital mission through portal.
- Upload the organization's organogram through portal.

- Upload the handling record of patient grievances/complaints through mobile app.
- Upload the documents of composition of all committee (Quality and Safety, Infection Control, Pharmacy and Therapeutics, Blood Transfusion, and Medical Records etc.) through portal.
- Upload copy of terms of reference of all the committees through portal
- Upload a copy of minutes of meeting of all the committees for last 3 months through mobile app
- Upload scanned data of Medication Error and Adverse drug reaction of last 3 months through mobile app
- Upload scanned Root Cause Analysis (RCA) and Corrective & Preventive Action (CAPA) of Medication Error and Adverse drug reaction of last 3 months through mobile app
- Upload scope of services through mobile app. (Laboratory and Imaging)
- Upload the Defined turnaround time for tests through mobile app. (Laboratory and Imaging)
- Upload a copy of Critical result reporting register wherein there is documentation pertaining to the – time at which the test result was ready / - time at which the test result had been communicated, name of the individual to whom the test result has been conveyed and name and signature of the person who has conveyed the result through mobile app. (Laboratory and Imaging)
- Upload copies of blood transfusion record which has the orders for transfusion, pre-transfusion medications (if any), record of verification of cross matching, label of the transfused blood product, monitoring of patient during the transfusion (at least 3) through Mobile app.
- Upload scanned filled Blood transfusion reaction form in past 3 months through mobile app.
- Upload scanned copy of the Blood transfusion committee's minutes, discussed reaction and CAPA through portal.

**Safety Management – All the documents uploaded through app**

- Upload filled WHO Surgical Safety checklist used for every surgery (any 3).
- Upload scanned copy of facility inspection rounds.
- Copy of document of maintenance plan of medical gases and vacuum systems.
- Copy of floor plans with exit routes.

**Record Management – All the documents to be uploaded through app**

- Upload checklist for completeness for medical records.

- Filled case sheet of patients having doctors name, signature, date & time (1 from each ICU, Operative Patient, Ward, Emergency and Obs & Gyn).

#### **7 - Documentation Requirements – All the documents to be uploaded through Portal**

- Scanned copy of procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- Scanned copy of process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.
- Scanned copy of documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.
- Scanned copies of documented policies and procedures that are used to guide the rational use of blood and blood products.
- Scanned copies of documented procedures that govern transfusion of blood and blood product.
- Scanned copies of documented procedure for the administration of anesthesia.
- Copy of a defined criterion to transfer the patient from the recovery area.
- Scanned copies of documented procedure that addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.
- Scanned copies of documented procedure incorporating purchase, storage, prescription and dispensation of medications.
- Scanned copies of documented procedures that address procurement and usage of implantable prostheses.
- Scanned copies of documented policies and procedure that exist for storage of medications.
- Scanned copies of documented policies and procedures that govern usage of radioactive drugs.
- Policies and procedures that include the safe storage, preparation, handling, distribution and disposal of radioactive drugs.
- Scanned copies of infection control manual, which is periodically updated and conducts surveillance activities.
- Scanned copies of documented operational and maintenance (preventive and breakdown) plan for clinical and support service equipment.
- Scanned copies of documented safe exit plan in case of fire and non-fire emergencies.
- Copy of well-defined staff recruitment process.
- Scanned copies of documented disciplinary and grievance handling procedure.



- Scanned copies of documented policies and procedures for maintaining confidentiality, integrity and security of records, data and information.
- Scanned copies of documented procedures that exist for retention time of medical records, data and information.
- Copy of a defined process to whom the patient record can be released.
- Scanned copies of procedure on destruction of medical records.

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