

2nd
EDITION
EFFECTIVE 1ST JAN, 2025

NABH Empanelment Standards for Medical Value Travel Facilitators



QUALITY : SAFETY : WELLNESS

NABH Empanelment standards for Medical Value Travel Facilitators

2nd Edition

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1st Edition - 1st April 2025

FOREWORD

It is my proud privilege to release the 2nd Edition of Medical Value Travel Facilitator Empanelment Standards of the National Accreditation Board for Hospital and Healthcare Providers. Over the years, NABH standards have brought about a significant change in the approach by the healthcare units in managing and delivering healthcare services to the patients. NABH standards focus on patient safety and the quality of the delivery of services by the Medical Value Travel Facilitator in the changing healthcare environment.

Without being prescriptive, the checklist remains informative and guide the organization in conducting its operations with a focus on patient safety.

This edition has significant changes that have been incorporated to accommodate the suggestions made by various stakeholders. For the first time, there is a Section on Medical Travel Quality Improvement (MQI) related to the Patient Safety Goals that have to be complied with mandatorily irrespective of the compliance with other elements.

There are 7 Sections with detailed checklist of 43 objective elements. The introduction of Key Performance Indicators (KPIs) to help recognize even progressive efforts by the organization in the implementation of standards. This will help the Medical Value Travel Facilitator in stepwise progression to a mature quality system covering the full empanelment cycle.

In view of these, I expect that Medical Value Travel Facilitators will indeed benefit from the efforts of the technical committee which developed this standard for National Accreditation Board for Hospital and Healthcare Providers.



Dr. Atul Mohan Kochhar
CEO, NABH

ACKNOWLEDGEMENT

I extend my sincere gratitude to all the members whose unwavering dedication and expertise have contributed to the successful development and release of the 2nd edition of the NABH Empanelment Standards for Medical Value Travel facilitators. This milestone edition represents a collective effort and marks a significant step forward in our continuous pursuit of excellence in healthcare industry.

I place my heartfelt thanks and deepest gratitude to Shri. Jaxay Shah, Chairman of Quality Council of India, for his vision to take quality to the grassroots and permeate the idea of quality in the DNA of every Indian citizen. This extensive vision has been an inspiration for the development of this edition.

I would like to express my deepest gratitude to Mr. Rizwan Koita, Chairman NABH, who has played a pivotal role in advancing the standards of healthcare excellence in our nation and has been the guiding light throughout the development of this edition. I thank him for his invaluable insights and commitment to improving healthcare standards that have been instrumental in shaping the content of the 2nd edition.

I sincerely thank Mr. Chakravarthy T. Kannan, Secretary General of Quality Council of India for his invaluable contributions to the healthcare community and commitment to fostering excellence in healthcare standards.

I thank all board members of NABH for giving significant real-world insights that have resulted in the continuous improvement of the Empanelment standards.

The collective expertise, tireless efforts, and commitment to excellence of the Technical Committee of NABH, have been instrumental in shaping a set of Empanelment standards that not only meet the highest benchmarks but also reflect the dynamic nature of the healthcare industry. Their deep understanding of the intricacies of healthcare, coupled with a passion for continuous improvement, has significantly enriched the content of the standards. I express my sincere gratitude towards the invaluable contributions of the committee to the development of the 2nd edition of NABH Empanelment Standards for Medical Value Travel facilitators, the reviewing, refining, and enhancing of the Empanelment standards have contributed to the evolution of a robust framework that reflects the current realities and future aspirations of the Medical Value Travel Industry.

I thank all our passionate assessors, Subject matter Experts and industry stakeholders who gave us extensive feedback to improve upon the standards. Thank you for your contributions, and we look forward to the continued journey of advancing healthcare excellence in India.

I would like to thank all the officers at the NABH Secretariat for working relentlessly in order to ensure the completion of this edition within the time frame.

The 2nd edition of Medical Value Travel Facilitators Standards, stands as a testament to the collaborative efforts of a diverse and committed healthcare community. Together, we strive towards a healthcare ecosystem that prioritizes quality, safety, sustainability, and patient-centred care.

With sincere appreciation, heartfelt and profound. Thank you

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

INTRODUCTION

Medical Value Travel Facilitator (MVTF) Standards, are meant for the Medical Value Travel Facilitators / organizations which have a desire to implement quality system to improve quality and patient safety in their organisations. These standards can be used by the MVTF to enter the realm of systematic quality management across a healthcare organization.

The objective of MVTF Standards is to provide guidance to Medical Value Travel Facilitators for providing optimum services to the offshore travelers travelling to India in search of quality medical care.

The aim is to emphasize on business, patient safety and staff safety as per the global best practices through process of self and external evaluation in order to test the accountability and reliability of the facilitators.

The NABH MVTF standards have been laid down keeping the Indian ethos and working environment with global healthcare approach in mind. The NABH Medical Value Travel Facilitator (MVTF) Empanelment program focuses on the Agency involved in managing and coordinating all the activities related to care of the patients and their treatments while travelling abroad. Medical tourism agencies and facilitators are an important part of the medical tourism industry, helping patients to engage in medical tourism.

The scope of the 2nd Edition Medical Value Travel Facilitators Empanelment standards are Medical Value Travel Facilitators who envision to provide safe and quality care to their patients. The standards would facilitate in delivering high quality care to international patients.

The edition is revised based on the feedback and suggestion received by stakeholders and industry experts.

This edition has significant changes that have been incorporated to accommodate the suggestions made by various stakeholders. For the first time, there is a Section on Medical Travel Quality Improvement (MQI) related to the Patient Safety Goals that have to be complied with mandatorily irrespective of the compliance with other elements.

There are 7 sections in the empanelment criteria with detailed checklist of 43 objective elements. The introduction of Key Performance Indicators to help recognize even progressive efforts by the organization in the implementation of standards. This will help the Medical Value Travel Facilitator in stepwise progression to a mature quality system covering the full empanelment cycle.

The Empanelment standards have been created keeping in mind the Heal In India / Heal by India Initiative by Government of India. NABH has been working with Ministry of Health and Family welfare and Industry stakeholders to spread awareness for the initiative. The current Global best practices have been included in the 2nd Edition Empanelment standards.

The compliance with these standards will indicate that the MVTF is patient, staff and environment friendly. The applicant organization will be evaluated on their compliance to these standards.

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Section-I

General Information and Access(GIA)



1. Name of the Facilitator:

.....

2. Address

2. A. Complete address of the registered office:

Building/Street:

City/Town:

Locality:

District:

State:

Website:

Pin code/Zip Code:

Landmark:

2. B. Complete address of the operational office (if different from the above)

Building/Street:

City/Town:

Locality:

District:

State:

Website.....

Pin code/Zip code.....

Landmark.....

3. Contact details

3. A. Head of the Organization: (or equivalent) ☐

Mr. /Ms. /Dr. _____

Designation: _____

Tel: _____ Mobile _____

Fax: _____ E-mail: _____

3. B. Coordinator: (For regular correspondence if other than the above) ☐

Mr. /Ms. /Dr. _____

Designation: _____

Tel: _____ Mobile _____

Fax: _____ E-mail: _____

3. C. Contact details in case of emergency:

Mr. /Ms. /Dr. _____

Designation: _____

Tel: _____ Mobile _____

Fax: _____ E-mail: _____

4. Location of Organization: (Operational Office)

Urban ☐

Rural ☐

If urban, Metro ☐ Non-Metro: ☐

5. Branches and affiliations

5. A Ownership (Single owner, LLP or private LTD).....

5. B. Does the facilitator have branches other than head office?: Yes / No

5. C. Does the facilitator have overseas branches?: Yes / No

5. D. Does the facilitator have any overseas affiliate?: Yes / No

IF YES, DOCUMENT (MOU and List of affiliates)

5. E. Does the facilitator have tie-ups with any international hospitals?: Yes / No

IF YES, DOCUMENT (MOU and List of hospitals)

5. F. Does the facilitator have tie-ups with any other agencies/facilitators?: Yes / No

IF YES, DOCUMENT (MOU and list of agencies/facilitators)

If yes to any of the above, then enlist the names and upload a copy of MOUs (for C, D, E)

6. Year and month in which operations started:

.....

7. Specify the year wise number of patients/medical value travelers assisted by the Facilitator?

Sl No.	Year	No. of patients/medical value travelers assisted	Countries Served

(Note: Renewal applications to provide last 2 years data)

8. What are the normal business working hours?

.....

9. Mention the list of hospitals that are empaneled with the Facilitator:

Sl No.	City	Name of the hospital	Contact Person Details	Accredited/Non Accredited	Scope of services	Year of empanelment

Note: Facilitator must possess MOUs with all the empaneled hospitals for their services* (NA if applying as hospital)

DOCUMENT (MOU FOR EACH HOSPITAL, scope of services, certificate of accreditation)

10. Facilities at office*: Tick the appropriate option

10. A. Office Building: Owned ☐ Rented ☐

(Note: If owned, ownership document, rented provide a copy of rent agreement)

DOCUMENT (OWNERSHIP DOCUMENT OR RENTAL AGREEMENT)

10. B. Office has: PHOTO FOR EACH POINT OF 10.B

10.B. 1. Internal/external signage and easy access: Yes ☐ No ☐

10. B. 2. Help desk: Yes ☐ No ☐

10. B. 3. Reception: Yes ☐ No ☐

10.B. 4 Waiting area for relatives and attendants: Yes ☐ No ☐

10. B. 5. Availability of potable water and electric supply with back-ups: Yes ☐ No ☐

10. B.6 Fire safety measures including fire safety equipment, staff training on fire & non-fire emergencies certificate

Yes ☐ No ☐

Section-II

Patient Assistance (PA)



1. Is your organization a hospital ☐ or a facilitator agency ? ☐

Hospital/Facilitator to give a detailed write-up of facilitation services provided for international patients* For example, travel and logistics assistance, assistance with pre-treatment consultation with doctor, treatment coordination including travel estimates, assistance with visa/legal compliance/insurance, and post-treatment follow up care etc.

2. Patient Counselling Service*: Tick whichever is applicable

2. A. Pre-appointment services with doctors: Yes ☐ No ☐

2. B. Post-treatment follow-up with doctors: Yes ☐ No ☐

(Note: Patient Service Manual/Standard Operating Procedure/Written Guidance to be provided to explain the process/flow process)

3. Suggestion/recommendations about hospitals and services available at hospitals?:

Yes ☐ No ☐

If yes, any rating criteria being used for recommendation: Yes ☐ No ☐

4. Travel facilitation services being offered: Yes / No

If yes, then specify details:

4.A Do you deal in foreign exchange or tie up for facilitation. Is information provided to customers.

Yes ☐ No ☐

4. B. Flight Tickets: Yes ☐ No ☐

If yes, travel arrangements for patients made by:

Owned travel agency ☐ Collaborated travel agency ☐ others ☐

Travel agency registered or not?* Yes ☐ No ☐

If yes, then specify the registering authority and registration number:

4. C. Visa-assistance: Yes ☐ No ☐

4. D. Privileged airport pick-up and drop off facility: Yes ☐ No ☐

4. E. Does facilitator arrange for local transport to the patients as per their requirements?

Yes ☐ No ☐

If yes, transport arrangements for patients made by:

Owned transport agency ☐ Collaborated travel agency ☐ others ☐

Specify whether the pre-determined vehicle hiring charges are available or not?*

Yes ☐ No ☐

Transport agency registered or not?* Yes ☐ No ☐

If yes, then specify the registering authority and registration number:

4. F. Cardiac ambulance or ACLS/BLS: Yes ☐ No ☐

If yes, then specify whether wheelchair(s), stretcher(s) and trained staff for ambulance are available or not?* Yes ☐ No ☐

(Note: Facilitator must possess MOUs with all the collaborated travel/transport agencies for their outsourced services) *DOCUMENT (MOU)*

5. Accommodation services for the patients and attendants: Yes ☐ No ☐

If yes, then mention the types of accommodation facilities offered:

Registered Guest house: ☐ Registered Paying Guest (PG): ☐

Registered Hotels: ☐ Others (describe):

Air Conditioner Provided: Yes ☐ No ☐

Worship Area: Yes ☐ No ☐

Provision of food arrangements as per the requirement of the patients/family: Yes ☐ No ☐

If yes, Restaurant: ☐ Tiffin/parcel service: ☐ Others.....

Food Provided: Vegetarian ☐ Non-Vegetarian ☐ Vegan ☐

Cooking allowed: Yes ☐ No ☐

Note 1: The facilitator should possess a copy of the registration certificate for the hotels/guest house/PG with the local authorities if applicable)

Note 2: If the facilitator or the empaneled hospital provides accommodation, then the facilitator shall submit evidence of confirming easy accessibility, comfort and safety of patients/relatives, preferably through a checklist-based visit report to the accommodation venue **DOCUMENT (registration certificate of hotel/guest house/PG or accommodation verification report as per Note 2)**

Note 3: (The Facilitator shall ensure that the quality of the food provided to the patients/family are certified by local food safety officer. For this, the facilitator must possess food safety approval certificate issued from concerned authority as per law of the state) **DOCUMENT (FSSAI license/equivalent food safety license)**

6. Specify whether the facilitator helps patients with insurance claim filling and follow ups for the patients:

Yes ☐ No ☐

7. **Legal consultation facilitation services:** Yes ☐ No ☐

If yes, then specify whether legal consultation is provided by:

Own legal services: ☐

Empaneled legal consulting firms or individuals: ☐

(**Note:** Facilitator must possess MOUs with all the outsourced legal firms/individuals) **DOCUMENT (MOU)**

8. **Follow up services upon return*** : Yes ☐ No ☐

Kindly attach a copy of CRM (Customer relationship Management) initiative plan. **DOCUMENT (CRM plan)**

Note: Customer relationship management plan refers to the plan for continued follow up services after return of patient to home country for example, patient compliance to follow-up instructions and treatment, dealing with complications like infections, follow-up visits to hospital, liaison between local physician and treating consultant when required, Tele-consultation available or not etc.

9. **Any other additional Services provided by the Agency:**

4. **A.** Wellness center and Spa Facility: Yes ☐ No ☐

If yes, then elaborate on services being offered

.....

4. **B.** Local sight-seeing excursions with staff/registered guide: Yes ☐ No ☐

4. **C.** Additional services as per the requirement of the patients: Yes ☐ No ☐

Section-III

Responsibility of Management (ROM)



1. **Ownership:** *(The organization working as a medical value travel facilitator shall be legally identifiable and registered in India/host country)*

1.A Registration type?

Sole proprietorship ☐ Partnership ☐ Private limited Company ☐

Limited liability Company ☐ Public Limited Company ☐ Society ☐

Trust ☐

Others (describe).....

1.B Name of the registering authority with the date of registration (dd/mm/yyyy)

.....

2. Statutory compliance (Document for each of A,B,C,D,E, F, G)

2. A. Registration number of facilitator *.....

2.B. PAN Number/equivalent financial account number (if outside India and applicable)*

.....

2.C. TAN Number/ equivalent taxation number (if outside India and applicable)*

.....

2.D. GST number/ equivalent service taxation number (if outside India and applicable)*

.....

2. E. IEC code (mandatory for facilitators in India)/ Equivalent Code outside India if applicable for Import and Export of goods/services*: Yes ☐ No ☐

2.F. RCMC Code/Equivalent Code outside India if applicable for Export Promotion Council:

Yes ☐ No ☐

(Copies of all above documents to be uploaded)

Note 1: IEC in India is Import Export code allotted by the office of the Director General Foreign Trade (DGFT). One cannot import and/or export services without obtaining IEC. Export Promotion Council (EPC) gives financial assistance under different schemes to its registered members.

Note 2: Registration Cum Membership Certificate (RCMC) in India is issued by Export Promotion Councils/Commodity board/Development authority or other competent authority. Any firm applying for an authorization to import/export or avail any other benefits / concession under FTP is required to furnish valid RCMC.

2.G. All applicable software and application licenses*: Yes ☐ No ☐

3. Whether Facilitator has its: **DOCUMENT (Vision, Mission, Objectives)**

3. A. Vision*: Yes ☐ No ☐

3. B. Mission*: Yes ☐ No ☐

3. C. Objectives*: Yes ☐ No ☐

If yes, then specify

.....

Section-IV

Human Resource Management (HRM)



1. Organogram / Organizational chart available*: Yes ☐ No ☐

If yes, then attach the Organogram DOCUMENT (Organogram)

.....

2. Manpower details:

2. A. Total number of employees working in the Organization

2. A.1 Number of Full time staff:

2. A.2. Number of Part time (contractual and outsourced) staff:

2. B. Details of the above employees:

Name of the Employee	Designation	Qualification	Relevant Experience (in Years)	Full Time/Part time

Note 1: Minimum of 3 full time staffs are required, at least one person should be a graduate degree holder with minimum 1 year experience in healthcare/tourism industry, and minimum one staff with knowledge and experience in healthcare, preferably a doctor (full time/part time) *

Note 2: Any changes in key staffs to be intimated to NABH secretariat at the earliest.

2. C Language support

2. C.1. Do any of the employees know foreign languages? Yes/ No

If yes, then provide details:

Name of the Employee	Foreign languages known	Name of the Certifying University/ Institution	Specify if it is a mother tongue

2. C.2. Language assistance in terms of software available like google translate etc*: Yes/No

If yes, then provide details, Name of the software used

2. C.3. Facility for language translators *: Yes/No

If yes, then provide details: Own Employee ☐ Outsourced ☐

Sl. No.	Name of the Translator	Own Employee / Outsourced	Languages Known

Mention details about the translators including country mapping with language

Note1: The facilitator should possess the MOUs signed between the facilitator and translator if outsourced.
DOCUMENT (MOU)

Note 2: There may be staff providing language support to nationals of more than one country

3. Training and Professional development:

Staff is provided training on*: Tick whichever is applicable **DOCUMENT (Training records)**

3.A. Effective communication including soft skills and etiquettes ☐

3.B. Foreign currency ☐

3.C. Visa Rules ☐

3.D. Basic medical terminology ☐

3.E. Basic computer knowledge and skills ☐

3.F. Insurance policy and procedures ☐

3.G. Written guidance of the facilitator ☐

3.H. Complaint handling and redressal ☐

3.I. Fire safety and basic life support ☐

3.J. Vulnerable patients ☐

3. K. Infection control practices basics ☐

3. L. Training on how to deal with untoward or adverse situations e.g. death of foreign traveller ☐

(Note: Staff training records to be uploaded)

Section-V

Financial Management System (FMS)



1. Quotation and estimate:

1. A. Does facilitator provide a detailed quotation of the package cost as per the requirement of the patient?*

Yes ☐ No ☐

If yes, then elaborate on components of the quotation offered

.....

.....

1. B. Does the quotation include cost incurred for the attendants? Yes ☐ No ☐

1. C. Does Facilitator have an estimated package range rate at various empaneled hospitals?

Yes ☐ No ☐ **DOCUMENT**

Upload five common package rates of empaneled hospitals (hospital-wise)

2. Payments

2. A Mention the payment method adopted for services offered:

Directly between hospital and patients: ☐

Paid to hospital through facilitator: ☐

The facilitator shall explicitly and transparently share the facilitation service charges with all its stakeholders prior to the assignment

2.B. Specify the mode of payment the facilitator accepts from the hospitals:

Tick the appropriate one:

Net Banking: ☐ Credit card/Debit card ☐

Bank Transfer ☐ Cheque: ☐

Note: (The facilitator must notify patients that cash payment for any services is not acceptable)

3. Business Promotional Activities/Plan in Ethical and transparent manner *:

3. A. Business marketing plan: Yes ☐ No ☐

(If yes, then attach copy of business marketing plan) **DOCUMENT Business marketing plan**

3. B. Brand awareness by advertising for execution of business: Yes ☐ No ☐

(If yes, then attach copy of plan addressing brand awareness creation) **DOCUMENT (Brand awareness creation plan)**

Section-VI

Medical Travel Quality Improvement (MQI)



(Note: Copy of all written guidance to be uploaded.) **DOCUMENT (Written guidance)**

1. Does the facilitator have written guidance for recommendation about a healthcare organisation to the patient using criteria such as scope of services, cost, accreditation and scope of accreditation, city, support facilities, user testimonials etc.?*

Yes ☐ No ☐ NA ☐

(NA if applying as hospital).

2. Does the facilitator have written guidance for fair distribution principle for selecting most appropriate associated hospital for patients? *

Yes ☐ No ☐ NA ☐

Note: At any time during the screening process, patients may decide to choose the desired hospital of his/her choice from available option and the facilitator should have documentary evidence of the same (NA if applying as hospital).

3. Does Facilitator have written guidance regarding payment settlement including service charges*:

Yes ☐ No ☐

4. Does Facilitator have written guidance for Archival & Retention of records*: Yes ☐ No ☐
-

- 5.A. Does Facilitator have written guidance for the resolution of complaints or feedback from patients and Companion*:

Yes ☐ No ☐

5.B Is predefined format and content available for complaint and feedback form:

Yes ☐ No ☐

5.C Is root cause analysis and corrective and preventive action taken for complaints, feedback and non-conformances within defined time frame*:

Yes ☐ No ☐

6. Does the facilitator have written guidance regarding confidentiality and privacy of patient information*:

Yes ☐ No ☐

7. Does Facilitator have written guidance regarding liabilities arising out of the facilitation services? *

Yes ☐ No ☐

8. Does the facilitator have a disclaimer policy*?

Yes ☐ No ☐

9. Does the facilitator have a documented plan and procedure for internal audit of the services being offered (At least twice in a year)*:

Yes ☐ No ☐

If yes, then are records of internal audit records including corrective and preventive action taken maintained? *

Yes ☐ No ☐

10. Does the facilitator have written guidance for management review*: (At least once in a year 12 months):

Yes ☐ No ☐

If yes, then are minutes of management review meeting maintained*?

Yes ☐ No ☐

11. Does the facilitator have written guidance for ensuring ease of access, comfort and safety of accommodation for patient/family, when arranged by facilitator or empaneled hospital?

Yes ☐ No ☐ NA ☐

12. Are the following quality indicators/parameters monitored for continual improvement of services?

12. A. Records of processing time for all patients *: Yes ☐ No ☐

12. B. Percentage of patients in whom follow-ups are maintained* Yes ☐ No ☐

12. C Employee satisfaction index?* Yes ☐ No ☐

12. D. Patient satisfaction index? Yes ☐ No ☐

12. E. Number of patient complaints

12. F Other quality indicators for example, number of referrals obtained from previous patients, patients conversion rate etc. ?

Yes ☐ No ☐

12.G Complaints from hospitals and patients tracked and their Corrective and preventive actions taken

Yes ☐ No ☐

Section-VII

Information Management System (IMS)



1. Hardware and networking facilities:

1. A Computer(s), printer(s) and peripherals* Yes ☐ No ☐

1. B. Photocopier, Scanner and Fax etc. *: Yes ☐ No ☐

1. C. High speed uninterrupted internet connectivity: Yes ☐ No ☐

2. Data storage

2. A Unique identification number assigned to each patient* Yes ☐ No ☐

2. B "Safe storage of patient related information (demographic and clinical) *:

Yes ☐ No ☐

2. C Safe storage and easy retrieval of patient digital information*: Yes ☐ No ☐

3. Website requirements

3. A. Vision and mission*: Yes ☐ No ☐

3. B. Various services being provided*: Yes ☐ No ☐

3. C. Information about extra services:

Local Tours and sightseeing ☐ Spa and wellness ☐ Guide facilities ☐

Other recreational activities ☐

3. D. User information manual*: Yes ☐ No ☐

3. E. Information regarding hospitals*: Yes ☐ No ☐

3.F. Availability of standard package rates for different types of services provided including charges on account of complication, if any :

Yes ☐ No ☐

3.G Details of the payment mechanism options*: Yes ☐ No ☐

3.H. Availability of help desk (24 x 7)*: Yes ☐ No ☐

3.I. Frequently asked questions (FAQs)* Yes ☐ No ☐

3.J. Written guidance of the facilitator*: Yes ☐ No ☐

3.K. Section on health advisory*: Yes ☐ No ☐

Instructions for filling up the application form:

1. All questions/statements marked with * should be mandatorily complied with by the Facilitator, unless option of "Not applicable" is given
2. Written guidance refers to policies/procedures/manuals/SOPs/Work Instructions etc.
3. Suggested formula for quality indicators:

NABH MVTF QUALITY INDICATORS

S. No.	Quality Indicator	Formula	Frequency of data collection
1	Average processing time per patient	Sum of time taken to process the application of all patients ÷ Total no. of patients handled in the month	Monthly
2	Percentage of patients in whom follow-ups are maintained	(No of patients in whom follow-up is maintained ÷ Total no. of patients who returned to home country after treatment) x 100	Once in a year
3	Employee satisfaction Index	(Sum of all employees' scores ÷ maximum possible score of all employees) x 100	Twice in a year
4	Patient satisfaction index	Average score achieved ÷ Maximum possible score x 100	Monthly
5	Number of patient complaints	No. of complaints received ÷ Total number of patients	Monthly



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

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

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