



NABH Accreditation Process & Quality Control Parameters

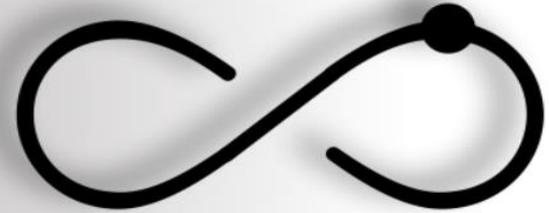


Prof. Dr. Mahesh Verma
Former Chairman, NABH
Vice Chancellor
GGSIU & DPSRU,
New Delhi

Quality an Act or a Habit or Event??



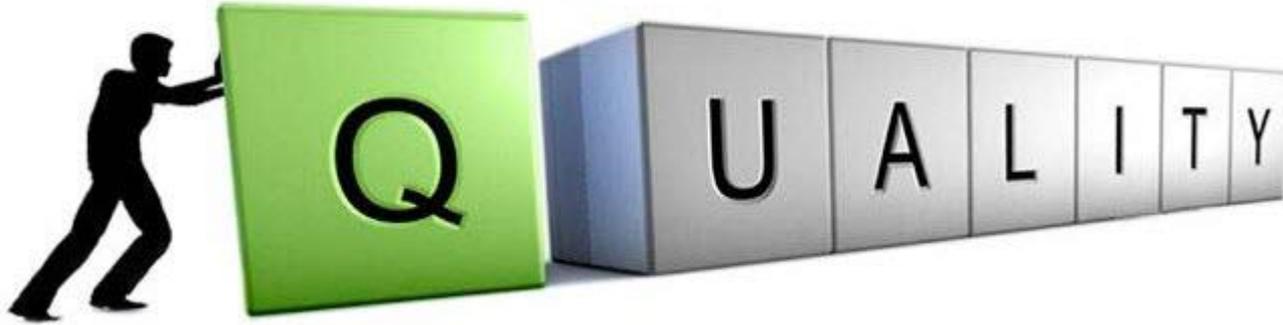
Aristotle



Quality is a continuous process,
not an event

"Quality isn't just a **one-time act**; it's a **habit**, a **journey**, or a **process** and a **commitment** to continuous improvement."

What is...



- **Distinctive feature**/characteristic
- Compare similar things - **degree of excellence**
- Product- Measure of excellence and **state of defect-free**
- Fit for **purpose**
- Customer **satisfaction**





SAFE

Avoiding injuries



EFFECTIVE

Providing services based on scientific knowledge and best practice.



PATIENT-CENTERED

Providing respectful & responsive care



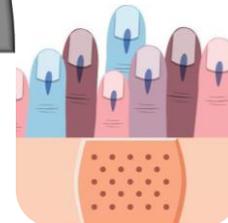
TIMELY

Reducing waits and harmful delays



EFFICIENT

Avoiding waste.



EQUITABLE

Providing fair and unbiased care



ENSURING HIGH-QUALITY HEALTHCARE

The Umbrella of Quality Management

Quality Assurance

- Preventing defects
- **Proactive** process
- Process and activities **follow the guidelines**
- **Defining, designing, assessing, monitoring,** and **improving** the quality of healthcare.

Continuous Quality Improvement

- Measurable improvement
- Identify any room for improvement
- Continuous improvement process
- Focus on **process and system**

Total Quality Management

- Promotes **positive** organizational change
- **Effective cultural environment**
- Continuous improvement



QA

CQI

TQM



STRUCTURE

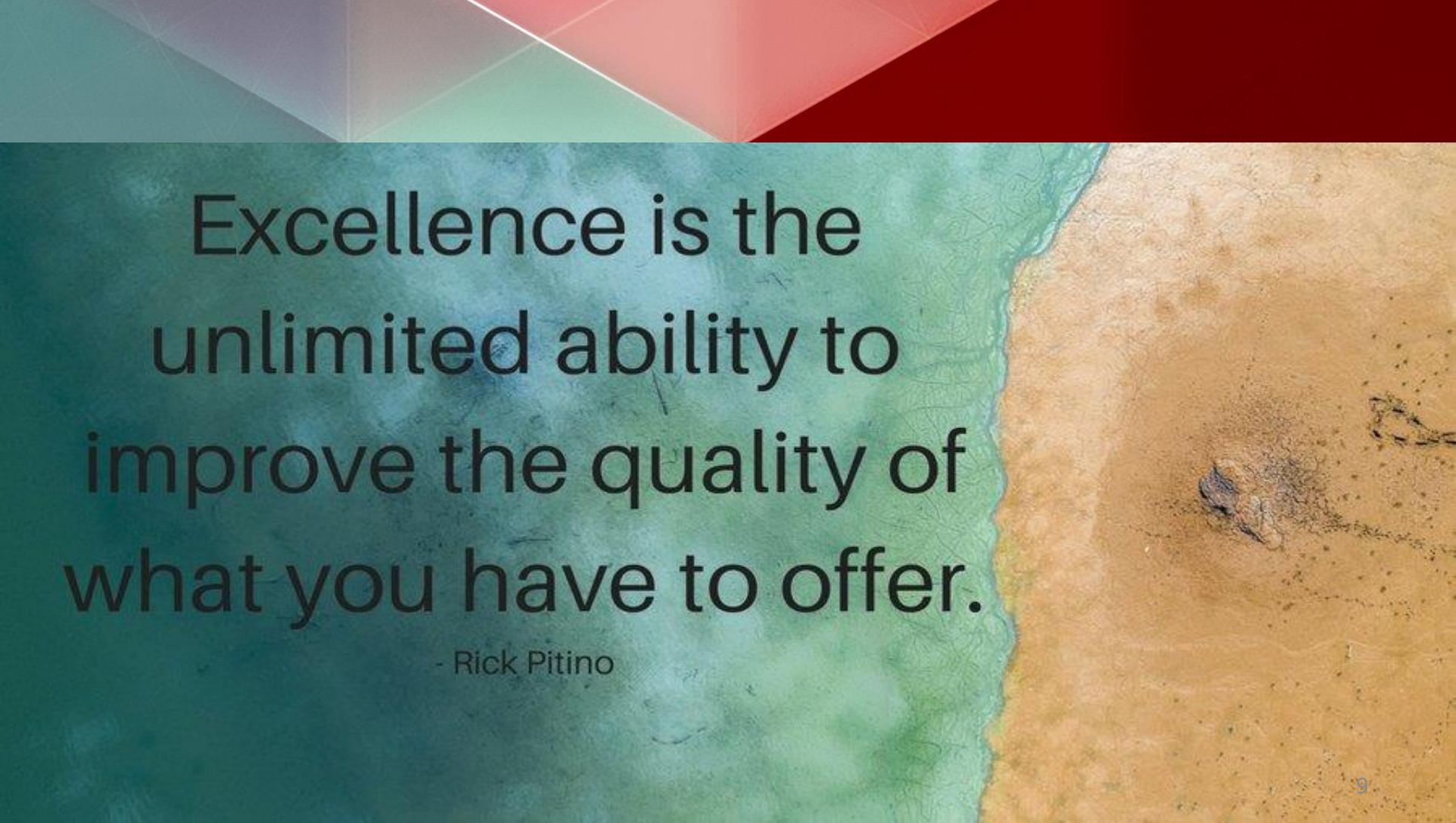
Stable characteristics of the providers of care, tools, and resources at their disposal.

PROCESS

Activities that go on between and within the practitioners and patients

OUTCOME

Changes in health status attributable to antecedent healthcare



Excellence is the
unlimited ability to
improve the quality of
what you have to offer.

- Rick Pitino



Advancing Healthcare Quality: Strategies for Excellence

- 1. Shift in the Healthcare delivery model**
- 2. Clinical Excellence**
- 3. Data-driven decision making**
- 4. Patient safety initiative**
- 5. Technology Integration**



1. Shift in the Healthcare Delivery Model

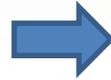
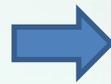


Medical model

Vs

Patient-Centered Model

- Patients role is passive
(Patient is quiet)
- Patient is the recipient of treatment
- Physician dominates the conversation
(Doesn't offer options)
- Care is disease-centered
(Disease is the focus of daily activities)
- Physician does most of the talking
- Patient may or may not adhere to treatment plan

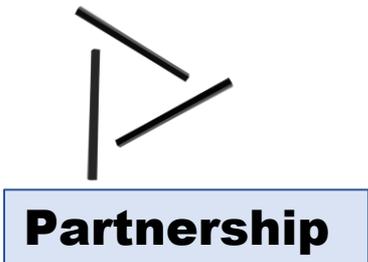


- Patient role is active
(Patient asks question)
- Patient is the partner in the treatment plan
- Physician collaborates with the patient
(Discuss pros and cons)
- Care is quality-of-life-centered
(Patient focuses on family and other activities)
- Physician listens more and talks less
- Patient more likely to adhere to treatment plans
(Accommodates patients' & values)

Patient-Centered Care



4 C'S OF PATIENT CENTERED CARE



2. Clinical Excellence

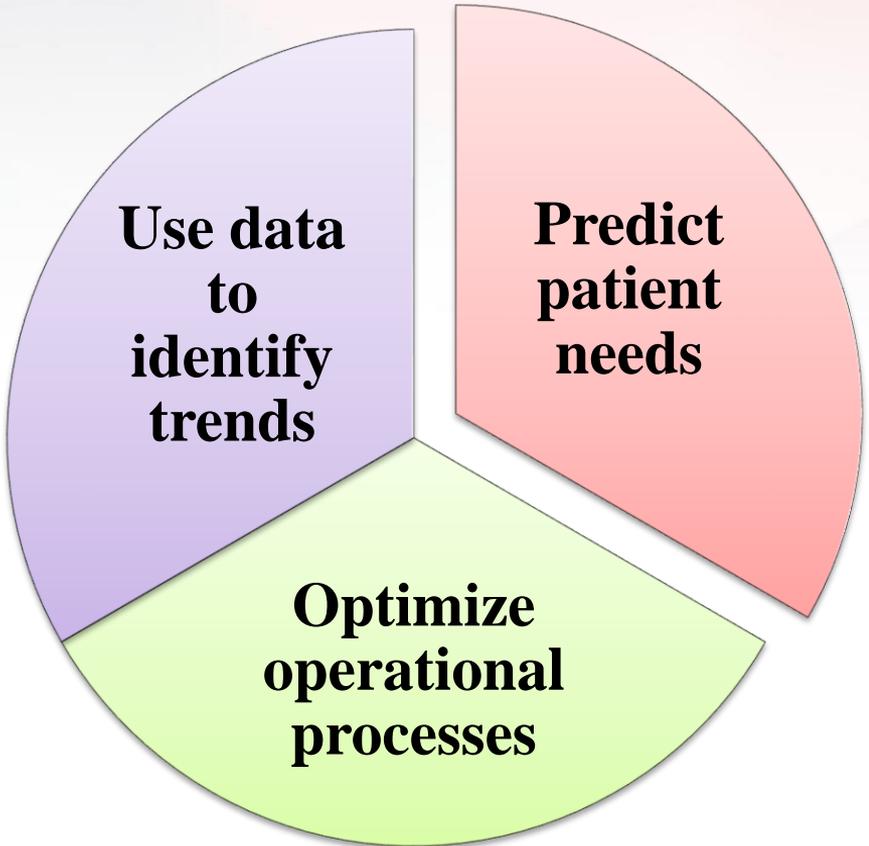
**Adopting
evidence-
based
practices**

**Staying
abreast of
medical
advancements**

**Ensuring well
equipped
healthcare
professionals**



3. Data-Driven Decision Making



4. Patient Safety Initiatives

PROACTIVELY IDENTIFY
& MITIGATES RISKS

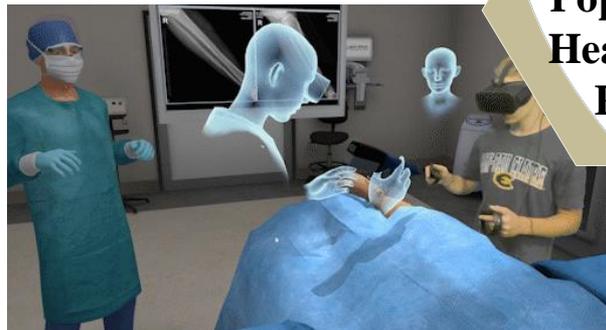
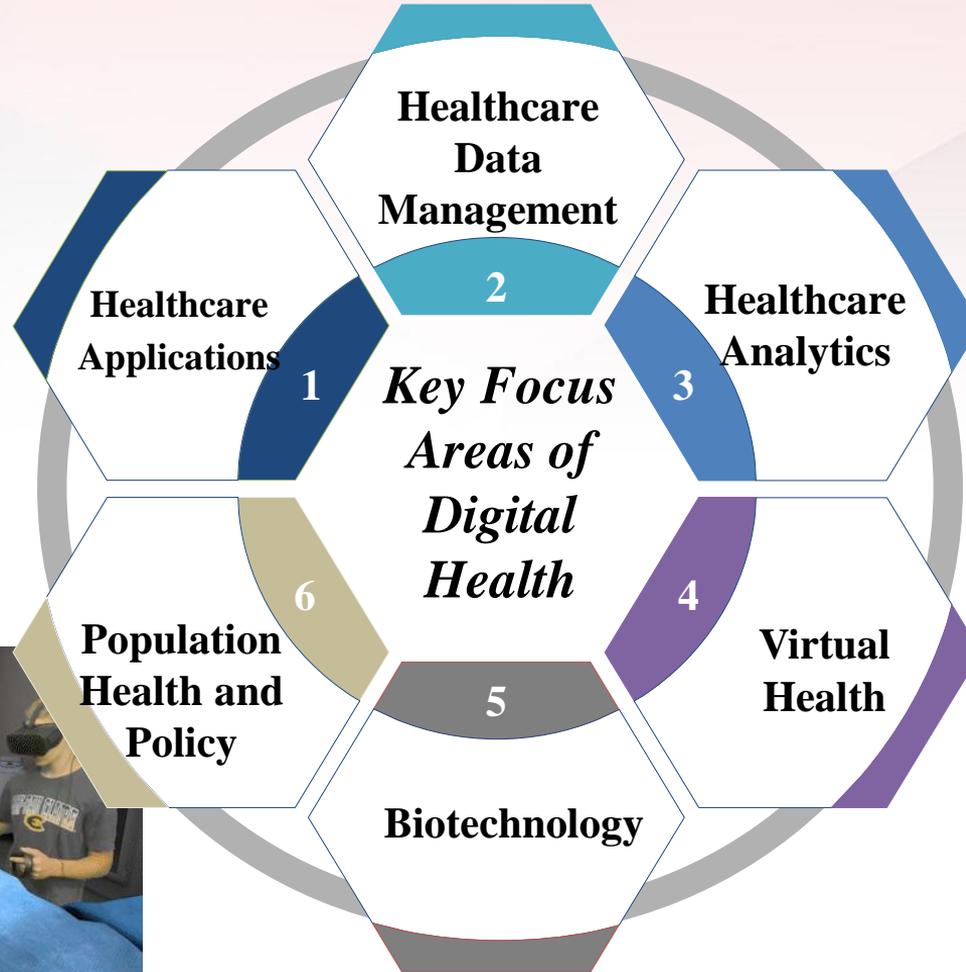
IMPLEMENT ROBUST
SAFETY PROTOCOLS



Patient Safety

CULTIVATE A CULTURE
OF SAFETY AMONG
PATIENTS AND STAFF

5. Technology Integration



**Quality
Initiatives**



Accreditation

Should Quality Initiatives **lead to**
Accreditation

Or

Should **Accreditation lead to** quality
initiatives



NABH

Creating an Ecosystem of Quality in Healthcare



WHAT IS
ACCREDITATION
&
WHY IS IT
IMPORTANT?

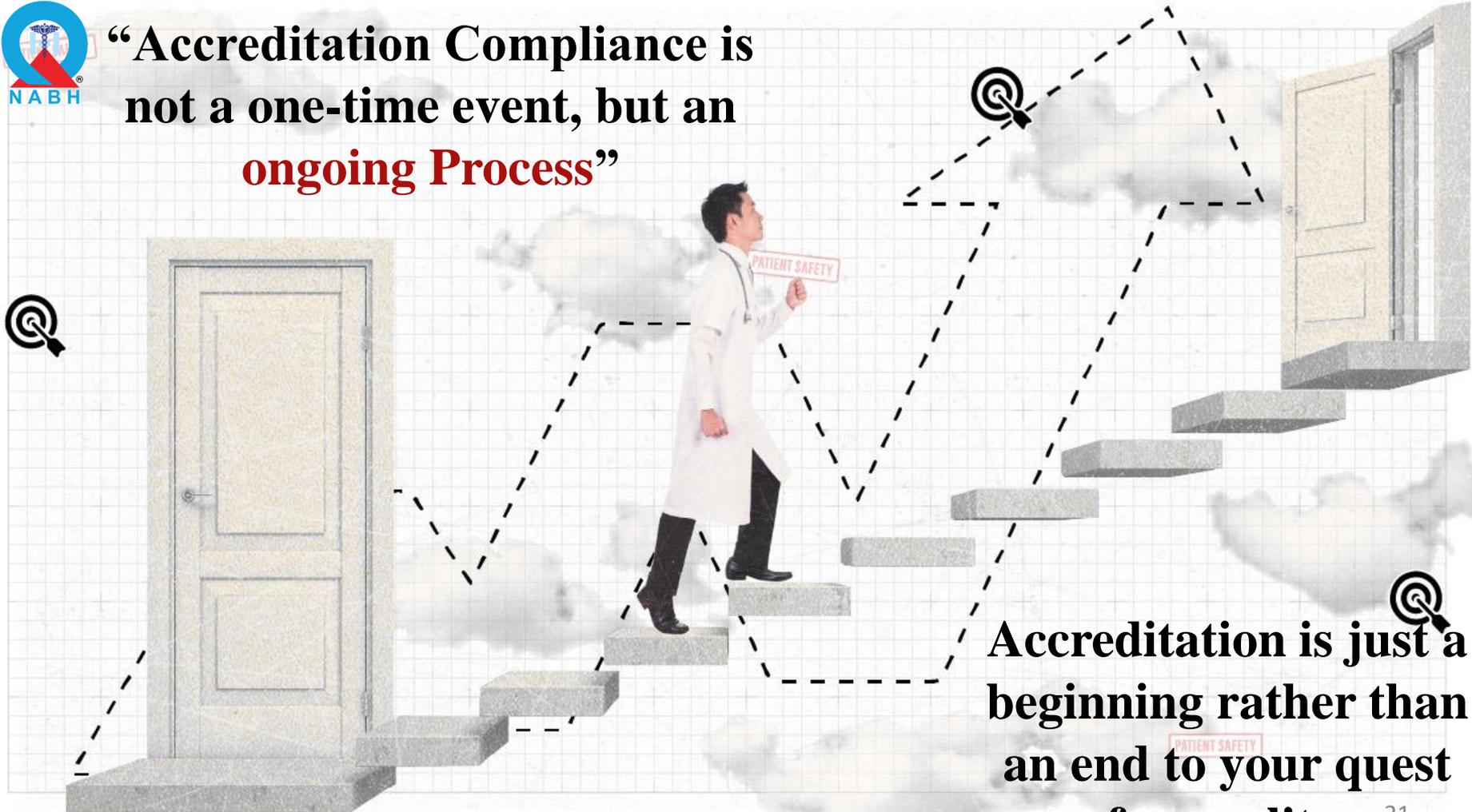


A **self-assessment** and **external peer review** process used by health and social care organisations to accurately **assess their level of performance** in relation to established standards and to **implement ways to continuously improve** the health or social care system.

(The International Society for Quality in Health Care (ISQua), 2015).



“Accreditation Compliance is not a one-time event, but an ongoing Process”



Accreditation is just a beginning rather than an end to your quest for quality.



National Accreditation Board for Hospitals & Healthcare Providers



Constituent Board of Quality Council of India
(QCI)



National Accreditation
Board for Hospitals and
Healthcare Providers

2005

NABH was set in association with Govt. of India and the Indian Health Industry

2006

The first accreditation standards for Hospital were launched

Propagation

Adoption

Adherence

To the **healthcare quality standards** in all the important spheres of healthcare delivery systems

QCI NURTURED BY RENOWNED LEADERS AS CHAIRPERSONS



**Mr. Ratan N.
Tata**
1997 - 1999



**Mr. Venu
Srinivasan**
1999 – 2001



**Dr. R.A.
Mashelkar**
2001 - 2007



**Mr. Ajay
Shankar**
2007 - 2010



**Mr. Arun
Maira**
2010 - 2013



**Mr. Saurabh
Chandra**
2013 - 2014



**Mr. Amitabh
Kant**
2014 - 2014



**Mr. Adil
Zainulbhai**
2014 - 2022



**Mr. Jaxay
Shah**
2022 - Present



ABOUT QCI – LEADERSHIP



CHAIRPERSON QCI Shri. Jaxay Shah



SECRETARY GENERAL QCI Mr. Rajesh Maheshwari

(Fmr.) Director – PPID (QCI), NABL

Founder and CMD Savvy Infrastructure
Founder Kensville Golf & Country Club
Chairman, ONDC
(Fmr.) Advisor, Pharameasy

CHAIRPERSON NABL



Prof. Subbanna Ayyappan

Chancellor, Central Agricultural
University, Imphal
Chairman, Karnataka Science &
Technology Academy, Bengaluru

CHAIRPERSON NACCB



Dr. Ravi P. Singh

Vice Chancellor, Adani
University, (Fmr.) SG-QCI, Vice
Chancellor Sharda University

CHAIRPERSON NABH



Dr. (Prof) Mahesh Verma

Vice Chancellor
IP University, Delhi

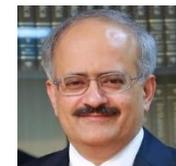
CHAIRPERSON NABET



Shri. Premendra Raj Mehta

(Fmr.) President of
Council of Architecture, India
SPA, New Delhi

CHAIRPERSON NBQP



Shri. Vipin Sondhi

Former MD & CEO Ashok
Leyland
JCB India
Shriram Honda, Tata Steel

Vision and Mission of NABH



VISION

To be **apex national healthcare accreditation and quality improvement body**, functioning at par with global benchmarks.



MISSION

To operate **accreditation and allied programs** in collaboration with stakeholders focusing on **patient safety and quality of healthcare** based upon national/international standards, through process of **self and external evaluation**.



VALUES of NABH



Provide credible and value addition services



CREDIBILITY

1 2



Willingness to listen and continuously improving service.

RESPONSIVENESS

3 4

TRANSPARENCY

Openness in communication and freedom of information to its stakeholders



INNOVATION

Incorporating change, creativity, continuous learning and new ideas to improve the services being provided



NABH Global Recognition



Institutional Member 2022-2023

NABH - Institutional Member of the International Society for Quality in Health Care (ISQua).

NABH - Member of the Accreditation Council of International Society for Quality in Health Care (ISQua).

NABH is an Institutional member of Asian Society for Quality in Healthcare (ASQua).





**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 Redden
President



Aine O'Connor
Head of Operations

International Society for Quality in Healthcare External Evaluation Association (IEEA) has accredited “Standards for Hospitals”, 5th Edition, developed by National Accreditation Board for Hospitals & Healthcare Providers (NABH, India) under its International Accreditation Program for a cycle of 4 years (April 2020 to April 2024). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua.

Earlier Cycles:

April 2008 – March 2012- 2nd Edition

April 2012 – March 2016- 3rd Edition

April 2016 – March 2020 – 4th
Edition

Current Cycle:

April 2020 – April
2024 – 5th Edition



National Accreditation Board for Hospitals & Healthcare Providers (NABH)

Awarded by ISQua EEA following an independent assessment against the Guidelines and Standards for External Evaluation Organisations, 5th Edition

The period of Accreditation for this Organisation is from **June 2022** is from **June 2026** until


Prof Jeffrey Brathwaite, President

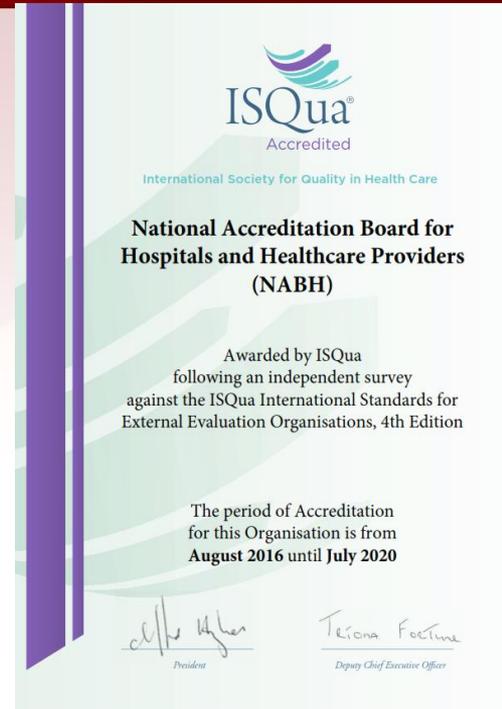

Ms Elaine O'Connor, Head of Operations

NABH has been granted accreditation as an organization by ISQua under its International Accreditation Program (IAP)

Earlier Cycles:

September 2012– August 2016

August 2016- July 2020



Current Cycle:

June 2022 – June 2026



Accreditation, Certification & Empanement of healthcare facilities



Quality promotion: initiatives like Nursing Excellence, Laboratory certification programs (not limited to these)



Policy Projects: Government, Ministries, Professional Organizations



IEC activities: Public lecture, advertisement, workshops/ seminars



Education and Training for Quality & Patient Safety

Accredits and certifies Hospitals, Healthcare Providers, Blood Banks, & allied institutions, and, educates and trains for quality and patient safety in provision of healthcare

ACCREDITATION (11)

1. Hospitals, AYUSH Hospitals, Dental
2. Small healthcare organizations (SHCOs), clinics, centers
3. Medical Imaging Services
4. Eye Care Organizations
5. PHC
6. Blood Banks
7. Panchkarma clinics
8. Clinical Trials Accreditation Program (Ethics Committee)
9. NABH-International

NEW PROGRAMMES

1. Digital Health- silver, gold, platinum
2. Care Homes
3. Stroke care centres
4. Dental clinics

CERTIFICATION (7)

1. Entry Level Standards (Hospitals, SHCOs, AYUSH-Hospitals & Centers)
2. Medical Laboratory
3. Emergency Department
4. Nursing Excellence

EMPANELMENT (3)

- CGHS Empanelment
- ECHS Empanelment
- MVTF Empanelment

PROJECTS

1. Certification of AHWCs and integrated Hospitals under NAM
2. Inspection of Homeopathy colleges
3. Smile Train Centers
4. Third party assessments of FOGSI partner hospitals

.....and much more

16,200+

Accreditations & Certifications



4200+ Empanelment

WAY FORWARD

Scaling up Quality in 1,00,000+ healthcare organizations and other medical establishments.

Genesis of NABH programs

ACCREDITATION

S. No.	Accreditation Program name	Year
1	Hospitals	2006
2	Small Healthcare Organizations (SHCO)	2009
3	Blood Bank	2010
4	Medical Imaging Services (MIS)	2011
5	Dental Healthcare Service Providers	2011
6	Allopathic Clinics	2014
7	AYUSH	2010
8	Panchakarma	2017
9	Clinical Trials (Ethics Committee)	2017
10	Eye care Organizations (ECO)	2018
11	NABH – International	2013



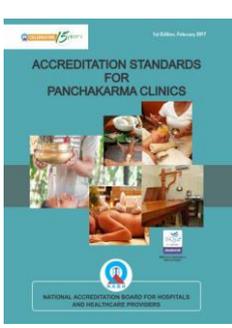
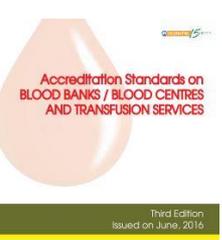
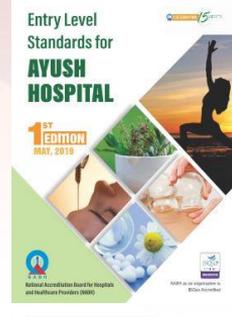
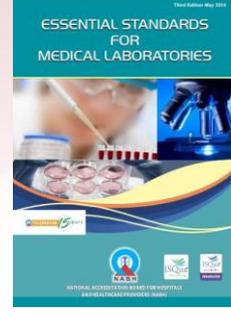
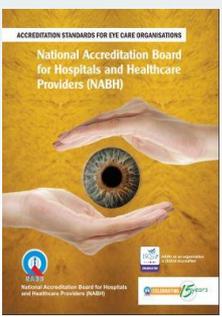
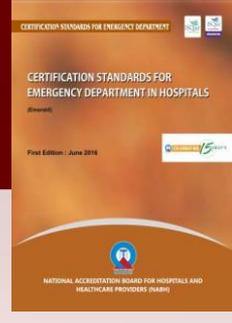
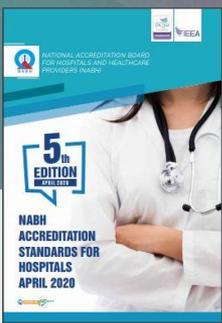
Hospital Accreditation Program	Accreditation program for more than 50 beds
SHCO Accreditation accreditation program	Accreditation program for less than 50 beds
HOPE(Entry level Hospitals)	Certification Program for more than 50 beds
HOPE(Entry level SHCO)	Certification Program for less than 50 beds

CERTIFICATION

S. No.	Certification Program name	Year
1	Entry level Hospitals	2015
2	Entry level SHCO	2015
3	Nursing excellence	2015
4	Medical Laboratory Program	2014
5	Emergency Department	2016
6	Entry level AYUSH (Hospital & Center)	2022

NEW PROGRAMMES

S. No.	Program name	Year
1	Digital Health	2023
2	Care Homes	2023
3	Stroke Care centres	2023
4	Entry level Dental clinics certification	2023 ³ 2



NABH has the mandate and remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture and an ecosystem of quality in healthcare taking Quality, Safety and Wellness to the last in the line.



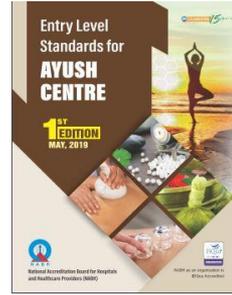
आत्मनिर्भर भारत
Desh ka standard



Committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030)



Internationally recognized and benchmarked



The various trainings conducted include

- Assessor Courses
- Program on Implementation (POI): Open/Closed
- Interactive Educational Workshops
- Awareness Programs
- Assessor's Conclaves
- Webinars
- National Healthcare Quality Conclaves (NHQC)



Government collaborations



Part of **G-20 Health working group**

संयुक्त राष्ट्रसंघ
ONE EARTH • ONE FAMILY • ONE FUTURE

AYUSH Entry Level Certification



Partnership with **NHA**

National Commission for Homeopathy



Gap analysis projects of Government Hospitals
RML, Safdarjung Hospitals

Medical Value Travel Facilitator (MVTF)
Empanelment for **Heal in India** initiative





Collaborations with Key Stakeholders



The Federation of Obstetric and Gynaecological Societies of India (FOGSI)

Third party assessments of the partner hospitals as per Manyata standards



Smile Train Foundation

Third-party safety audits of Smile Train Centres across the country



World Stroke Organization (WSO)

Certification and strengthening of the patient safety in the Stroke Care Centres



NATHEALTH

Combined initiatives for promotion of Healthcare Quality & patient safety

Ongoing Projects with Organisations across the value chain



Prime Minister Shri Narendra Modi's tweet congratulating **AIIMS Nagpur** team on receiving NABH Accreditation



Narendra Modi ✓

@narendramodi · [Follow](#)



Congratulations to the team at [@AIIMSNagpur](#) on this feat, setting a benchmark in delivering quality healthcare services.



AIIMS Nagpur [@AIIMSNagpur](#)

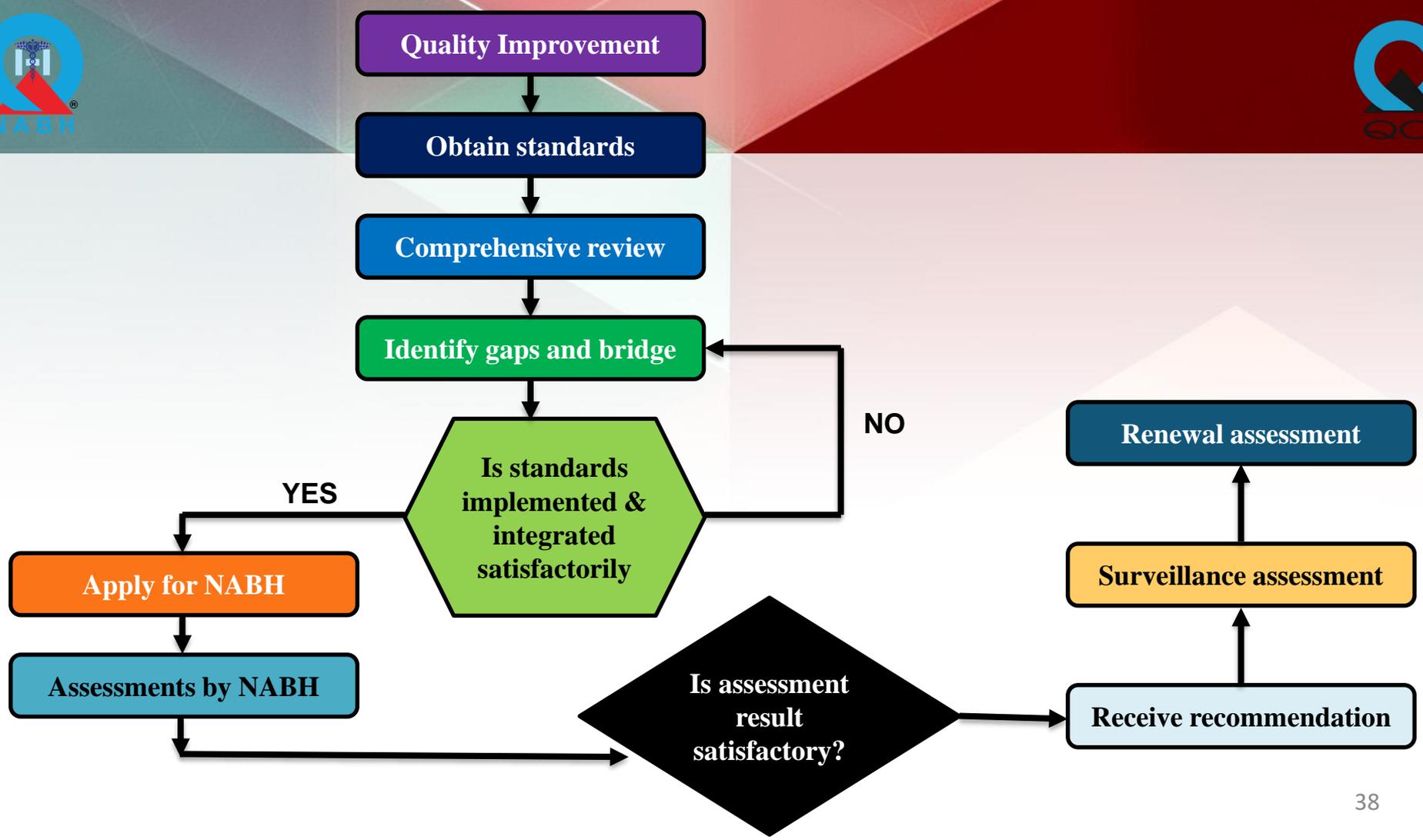


AIIMS Nagpur becomes the 1st of all AIIMS to receive the NABH accreditation, which is at par with the world's leading hospital accreditation standards

This affirms our commitment to the highest quality patient care & safety and organisational efficiency [@MoHFW_INDIA](#) [@PMOIndia](#)

9:29 AM · Jun 1, 2023





Procedure for assessment

Signature _____

Date _____

Eligibility Criteria for Applying for NABH Accreditation



Functioning atleast 6 months prior to applying

Average bed occupancy min 30% while applying

Must apply for entire activities/facilities

Must comply with all applicable standards

Stage	Steps	Responsibility	Timeline	Day
1.	Completion of Desktop Review	HCO	-	Day-0
2.	Assessment Planning	NABH	20 working days from Date of payment of 1 st year annual fees	Day-20
3.	NC Review (Cycle-I)	NABH and Assessment team	10 working days from date of NC response (Cycle-I) by HCO	Day-30
4.	NC Review (Cycle-II)	NABH and Assessment team	10 working days from date of NC response (Cycle-II) by HCO	Day-40
5.	Allocation and presentation to AC	NABH	7 working days from date of FA completion by NABH	Day-47
6.	Preparation of MOM and sending to Chair of AC		3 working days from date of presentation of the case to AC	Day-50
7.	Approval of MOM by AC Chair		5 working days from submission of final MOM of AC meeting	Day-55
8.	Intimation to HCO and generation of e-certificate		5 working days from the date of approval of MOM of AC meeting by AC Chair	Day-60

ROUTINE ASSESSMENTS

Pre Assessment

Final Assessment

Surveillance Assessment

Renewal Assessment

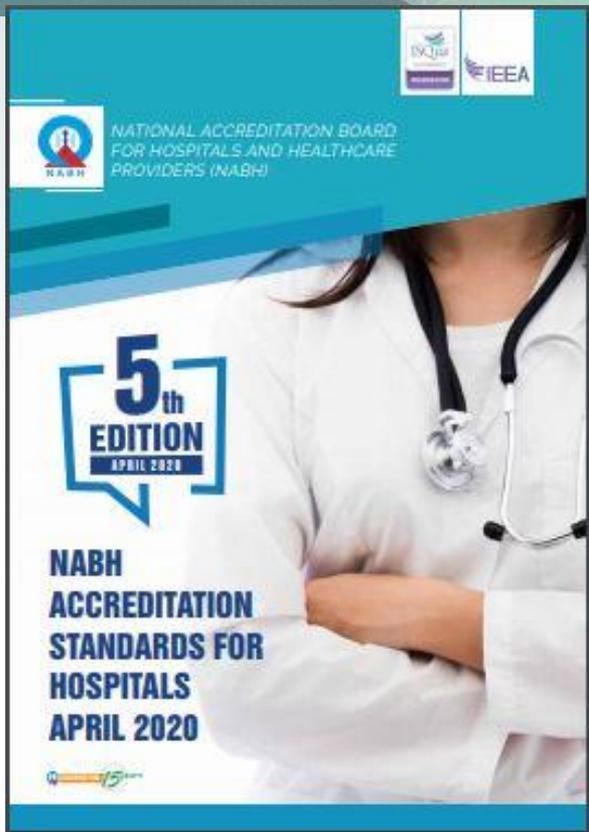
OTHER ASSESSMENTS

Focus Assessment

Verification Assessment

Surprise Assessment

NABH 5th Edition Standards



CORE (102)

Commitment (459)

**Achievement
(60)**

Excellence (30)

**10
CHAPTERS**

**100
STANDARDS**

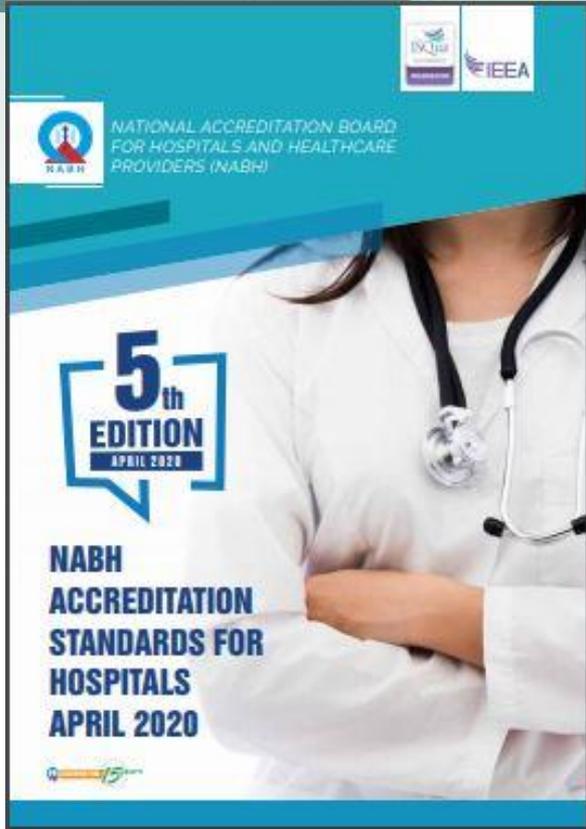
**651
OBJECTIVE
ELEMENTS**

NABH 5th Edition Chapters

Chapter 1	Access Assessment and Continuity of Care (AAC)
Chapter 2	Care of Patients (COP)
Chapter 3	Management of Medication (MOM)
Chapter 4	Patient Rights and Education (PRE)
Chapter 5	Hospital Infection Control (HIC)
Chapter 6	Patient Safety and Quality Improvement (PSQ)
Chapter 7	Responsibilities of Management (ROM)
Chapter 8	Facility Management and Safety (FMS)
Chapter 9	Human Resource Management (HRM)
Chapter 10	Information Management System (IMS)

CHAPTERS	STANDARDS	OBJECTIVE ELEMENTS	 CORE	COMMITMENT	ACHIEVEMENT	EXCELLENCE
AAC	14	91	5	70	11	5
COP	20	142	13	112	12	5
MOM	11	68	13	48	4	3
PRE	8	53	12	34	7	0
HIC	8	51	13	34	3	1
PSQ	7	49	8	30	5	6
ROM	5	32	4	17	7	4
FMS	7	45	10	28	4	3
HRM	13	76	16	53	5	2
IMS	7	44	8	33	2	1
TOTAL	100	651	102	459	60	30

NABH 5th Edition Standards



CORE (102)

Commitment (459)

**Achievement
(60)**

Excellence (30)

**FINAL ASSESSMENT:
CORE + COMMITMENT**

**SURVEILLANCE ASSESSMENT:
CORE + COMMITMENT
+ACHIEVEMENT**

**RENEWAL ASSESSMENT:
CORE + COMMITMENT
+ACHIEVEMENT
+EXCELLENCE**

Score	Rationale
1	No Compliance <ul style="list-style-type: none">• No systems in place and there is no evidence of working toward implementation• None or little ($\leq 20\%$) of the samples meet the requirement of the objective element• Non-conformity exists
2	Poor Compliance <ul style="list-style-type: none">• Elementary systems are in place and there is some evidence of working toward implementation• Minimal (between 21-40%) of the samples meet requirement of the objective element• Non-conformity exists
3	Partial Compliance <ul style="list-style-type: none">• Systems are partially in place and there is evidence of working towards implementation• Some (41-60%) of the samples meet the requirement of the objective element• Non-conformity exists
4	Good Compliance <ul style="list-style-type: none">• Systems are in place and there is evidence of working towards implementation• The majority of samples (61-80%) of the samples meet the requirement of the objective element• Non-conformity exists
5	Full Compliance <ul style="list-style-type: none">• Systems are in place and there is evidence of implementation across the organization• Almost all (between 81-100%) of the samples meet the requirement of the objective element• Non-conformity exists

Adverse Decisions & Appeal Mechanisms

Not Recommended

Inactive

Abeyance

Suspension

Forced Withdrawal

**Voluntary
withdrawal**

The HCO can contest the decision of accreditation within 30 days of the decision by the Accreditation Committee to the Chairman, NABH. NABH document 'Policy & Procedure for Handling of Appeals' can be referred to for detailed procedure for Appeals.

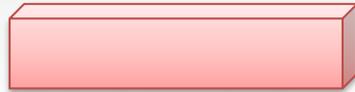
Measuring and reporting on key indicators such as patient outcomes, satisfaction and safety can help to identify areas for improvement and ensure that quality is being maintained over time



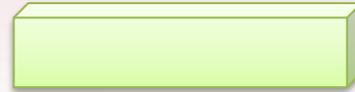
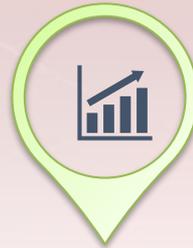
Key Performance Indicators (KPIs)



Measurable elements of practice for which there is **evidence or consensus** that they reflect quality and hence help change the quality of care provided.



Based on routinely collected data from EMR, surveys etc. They are mostly indicators designed and developed on **structure, process, output, outcome domains**.



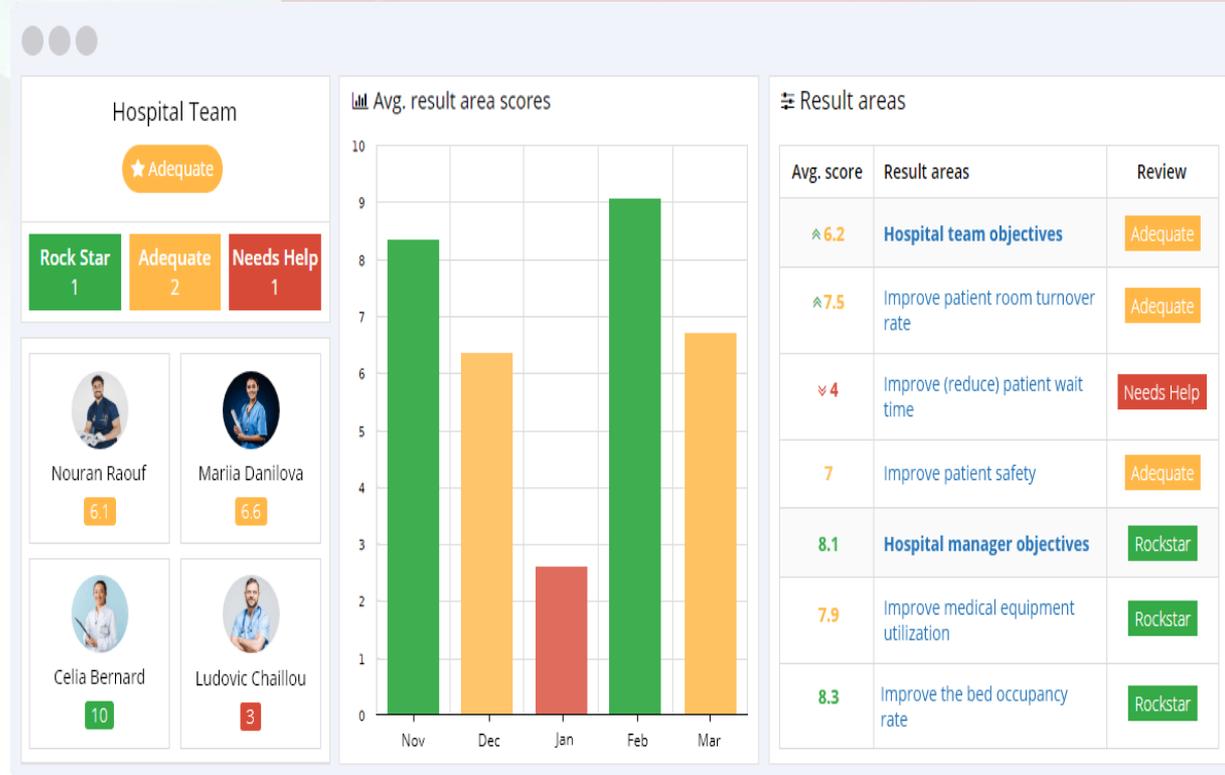
Compliments the **best practice framework** to examine their own performance by periodically review and monitoring - timely identification of intervention and reforms required to meet output and outcome targets.



Shows at a glance if a **metric is good, okay or needs improvement**. – measured against specific **national/ international benchmarks**.

Clinical Indicators Collected & Analysed By NABH Every Quarter

- Catheter-associated urinary tract infection (CAUTI)
- Ventilator -ssociated Pneumonia (VAP)
- Central line-associated bloodstream infection (CLABSI)
- Surgical site infection (SSI)
- Incidence of Medication errors
- Incidence of bed sores after admission
- Incidence of needle stick injuries
- Incidence of fall
- Bed Occupancy Rate
- Average Length of Stay
- Prescription error
- Dispensing error



CONCLUSION

- **Patient safety and quality assurance** -Fundamentally supported by healthcare accreditation.
- It is an **active, dynamic process** that enables healthcare organizations to **meet patient needs**, provide the **best possible care**, and adjust to the rapidly changing healthcare environment.
- Healthcare stakeholders show their dedication to quality and make a positive impact on the ongoing **global improvement of healthcare standards** by adopting accreditation.



QUALITY: SAFETY: WELLNESS





**THANK
YOU**