



NABH Accreditation Process & Quality Control Parameters



Quality is not an act, it is a habit- Aristotle

Quality is a continuous process, not an event

Quality is not that any organization can achieve in one step.

To roll-out and embed quality improvement:

- **Top management empower, inspire, lead people**
 - Show staff what makes this different from any other initiative- NABH
 - Invest in team leaders and influencers to champion Quality Improvement
 - Put the relevant infrastructure in place
 - Align the organization around quality improvement priorities already underway with new Quality Strategy, quality goals and aspiration
 - Continuous quality improvement (CQI)- Use tools like PDCA or plan–do–check–act.
- Top management support and encouragement

Ensuring High Quality Care



SAFE

Avoiding injuries to patients from the care that is intended to help them.



EFFECTIVE

Providing services based on scientific knowledge and best practice.



PATIENT CENTERED

Providing care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patients' values guide all clinical decisions.



ENSURING HIGH QUALITY CARE

TIMELY
Reducing waits and sometimes harmful delays for both those who receive and provide care



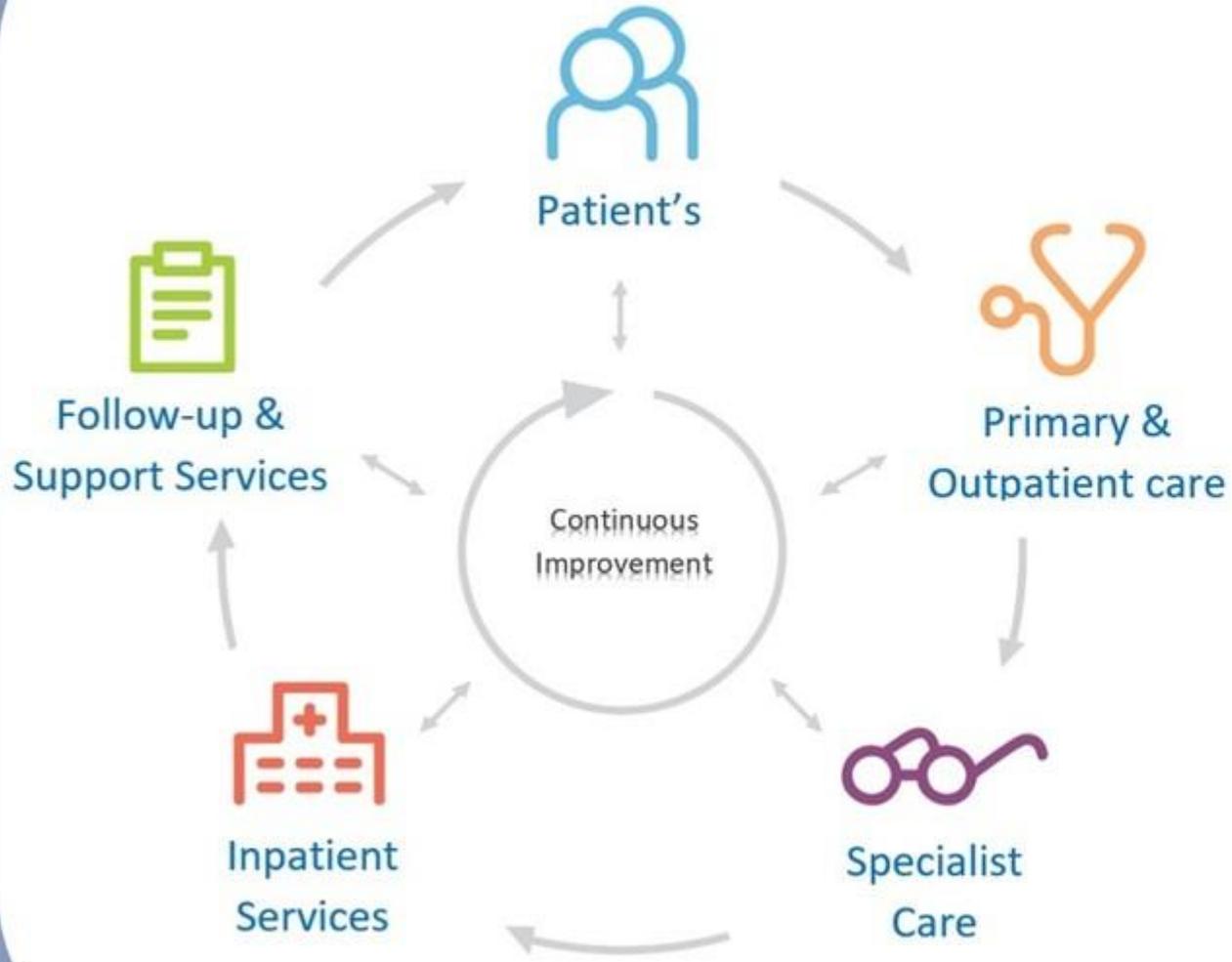
EFFICIENT
Avoiding waste, including waste of equipment, supplies, ideas and energy.



EQUITABLE
Providing care that does not vary in quality because of gender, ethnicity, geographic location, and socio-economic status.

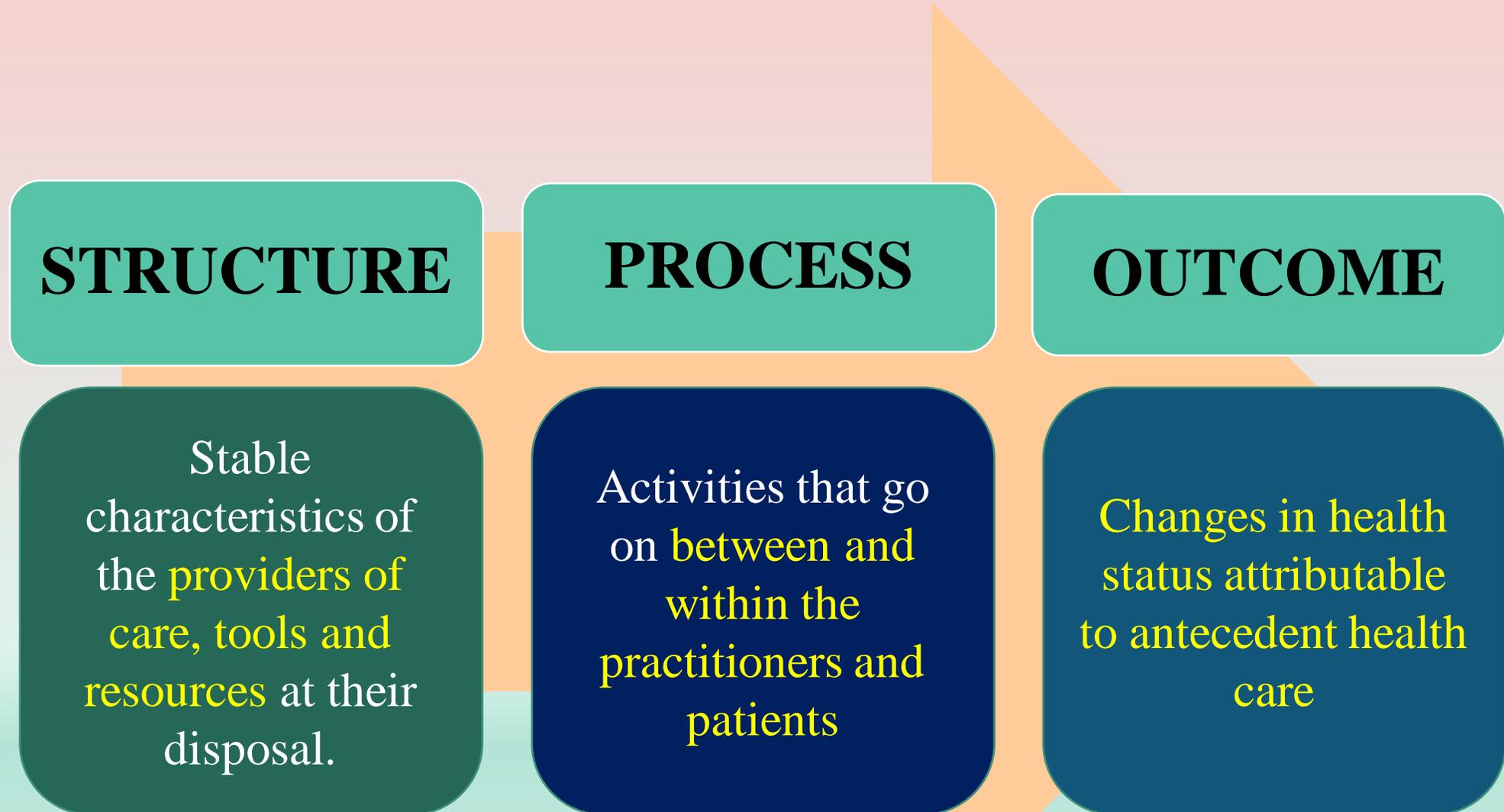


TO and FRO Cycle



Quality tools like PDCA, Six Sigma

Measurement of Quality (Donabedian model)



ACCREDITATION

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).



**Should Quality Initiatives
lead to Accreditation**

Quality
Initiatives



Accreditation

OR

**Should Accreditation lead to
quality initiatives**



“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.

THE INDIAN ECOSYSTEM FOR ACCREDITATION



Independent autonomous organization under



Set up in January 1997



Confederation of Indian Industry

Chairman of QCI is appointed by the Hon'ble Prime Minister of India

QCI NURTURED BY RENOWNED LEADERS AS CHAIRPERSONS



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



**Mr. Venu
Srinivasan**
1999 – 2001



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



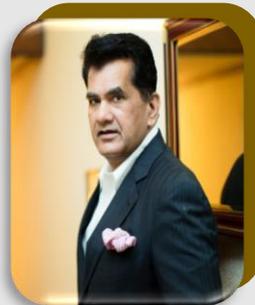
**Mr. Ajay
Shankar**
2007 - 2010



**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

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



SECRETARY GENERAL QCI

Mr. Rajesh Maheshwari

(Fmr.) Director – PPID (QCI), NABL



CHAIRPERSON NABL



Prof. Subbanna Ayyappan

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

CHAIRPERSON NABCB



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

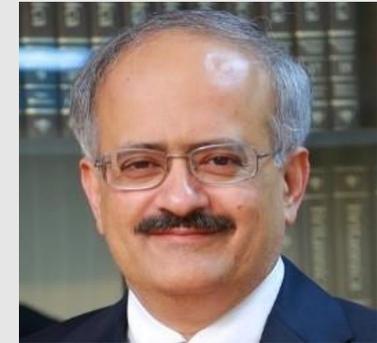
CHAIRPERSON NABET



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 & Mission of Quality Council of India



Creating an Eco-system for Quality



To lead *Nationwide Quality movement* in India by *involving all stakeholders* for emphasis on adherence to quality standards in *all spheres of activities* primarily for promoting and protecting interests of the nation and its citizens



NABH

Creating an Ecosystem of Quality in Healthcare

Values: Credibility, Responsiveness, Transparency, Innovation

Constituent Board of Quality Council of India (QCI)



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

Not For Profit Organization

2005

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

2006

The first accreditation standards for Hospital were launched

Propogation

Adoption

Adherence

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

Vision and Mission of NABH

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



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.**



NABH Global Recognition



Institutional Member 2022-2023

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

NABH is a member of the Accreditation Council of ISQua.

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





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.**



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

Quinn O'Connor
Head of Operations

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



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



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** until **June 2026**

Prof Jeffrey Braithwaite
Prof Jeffrey Braithwaite, President

Ms Elaine O'Connor
Ms Elaine O'Connor, Head of Operations



National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Awarded by ISQua following an independent survey against the ISQua International Standards for External Evaluation Organisations, 4th Edition

The period of Accreditation for this Organisation is from **August 2016** until **July 2020**

Colin Hughes
President

Triona Fortune
Deputy Chief Executive Officer

Earlier Cycles:

September 2012– August 2016

August 2016- July 2020

Current Cycle:

June 2022 – June 2026

Core Activities of NABH



Accreditation of healthcare facilities



IEC activities: Public lecture, advertisement, workshops/ seminars



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



Education and Training for Quality & Patient Safety



Recognition: Endorsement of various healthcare quality courses/ workshops

Core Activities of NABH

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 ²¹

NABH programs data as on 29th February, 2024



ACCREDITATION

S. No.	Accreditation Program name	Total no. of accreditations
1	Hospitals	1327
2	Small Healthcare Organizations (SHCO)	942
3	Blood Bank	153
4	Medical Imaging Services (MIS)	231
5	Dental Healthcare Service Providers	370
6	Allopathic Clinics	84
7	AYUSH	230
8	Panchakarma	90
9	Clinical Trials (Ethics Committee)	191
10	Eye care Organizations (ECO)	475
11	NABH – International	13



4,106 Accreditations
12,103 Certifications
4,297 Empanelment

20,506
Total organizations

CERTIFICATION

S. No.	Certification Program name	Total no. of certifications
1	Entry level Hospitals	2462
2	Entry level SHCO	9044
3	Nursing excellence	226
4	Medical Laboratory Program	235
5	Emergency Department	58
6	Entry level AYUSH (Hospital & Center)	78

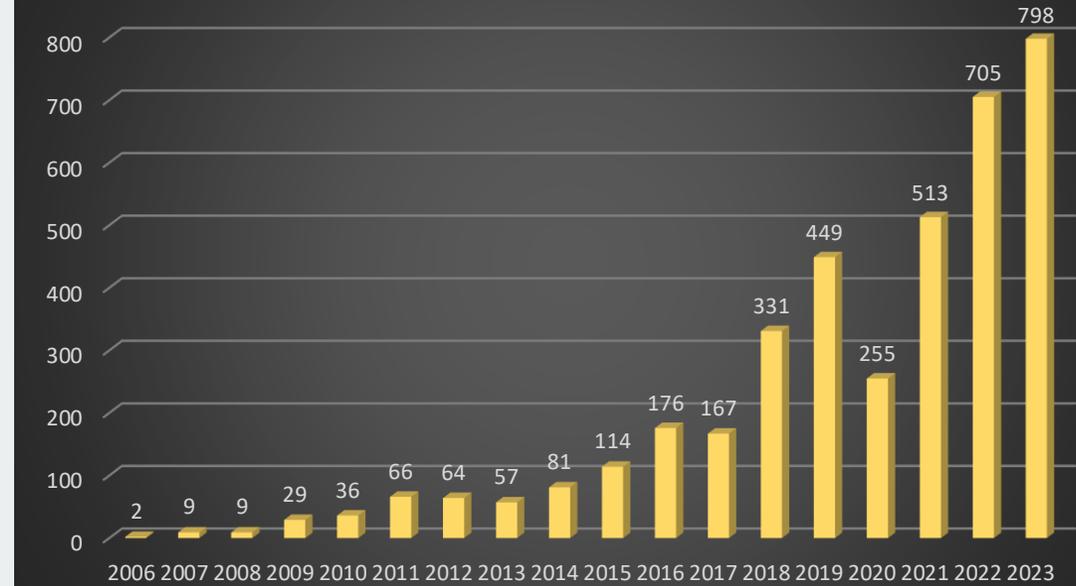
EMPANELMENT

S. No.	Empanelment Program name	Total no. of recommended
1	ECHS Empanelment	2189
2	CGHS Empanelment	2071
3	MVTF Empanelment	37

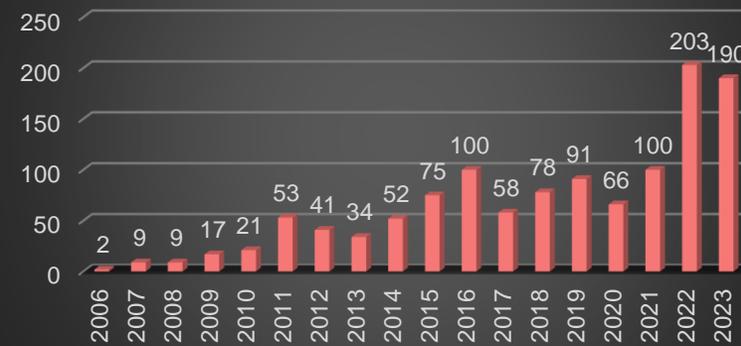
ACCREDITATION (4106)

S. No.	Accreditation Program name	Total no. of accreditations
1	Hospitals	1327
2	Small Healthcare Organizations (SHCO)	942
3	Blood Bank	153
4	Medical Imaging Services (MIS)	231
5	Dental Healthcare Service Providers	370
6	Allopathic Clinics	84
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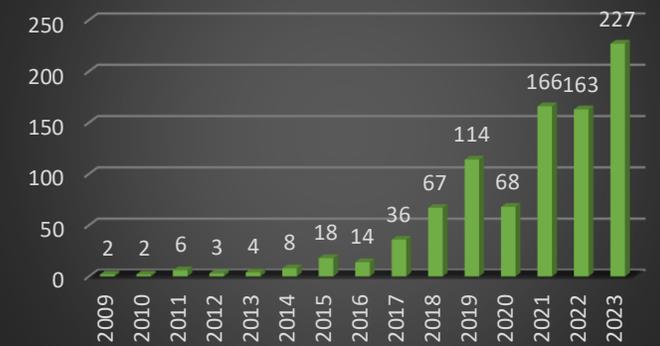
Accreditation programmes



HCO Accreditation



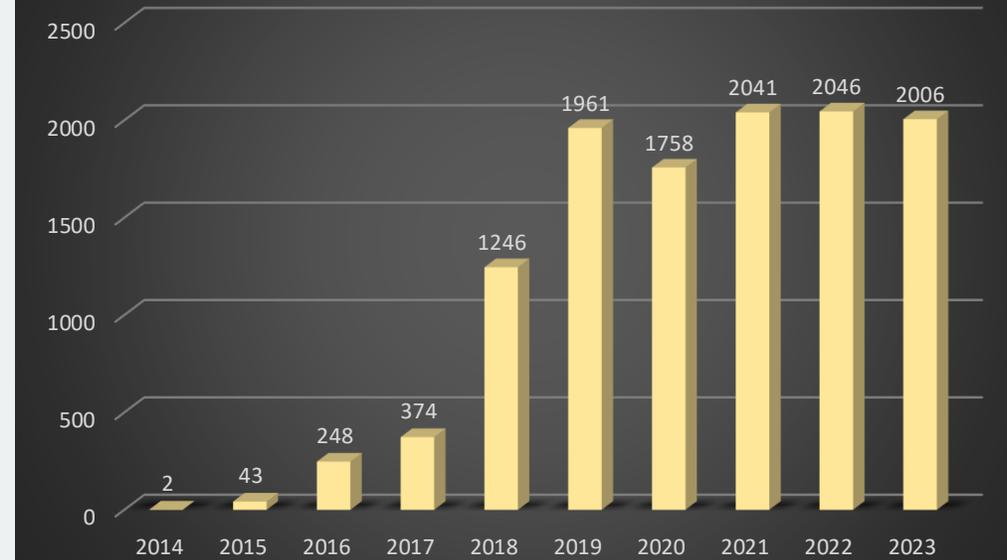
SHCO Accreditation



CERTIFICATION (12103)

S. No.	Certification Program name	Total no. of certifications
1	Entry level Hospitals	2462
2	Entry level SHCO	9044
3	Nursing excellence	226
4	Medical Laboratory Program	235
5	Emergency Department	58
6	Entry level AYUSH (Hospital & Center)	78

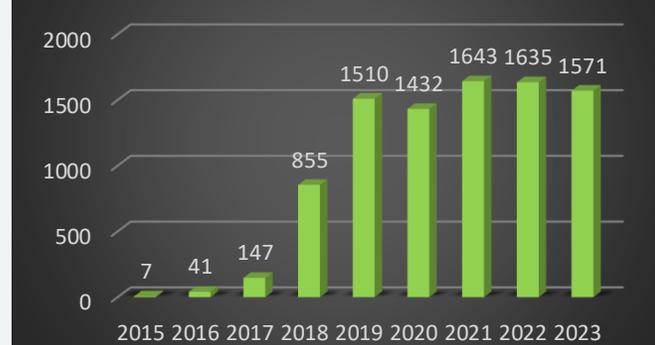
Certification programmes

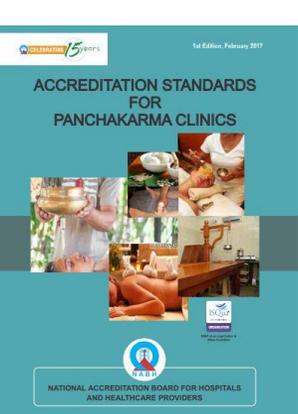
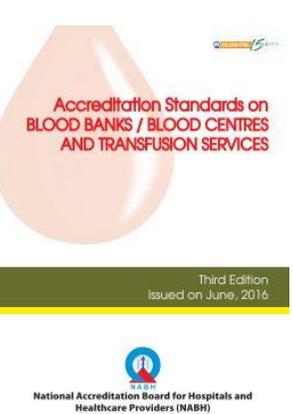
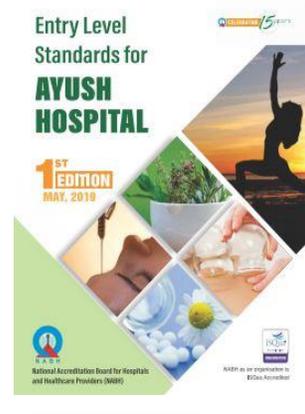
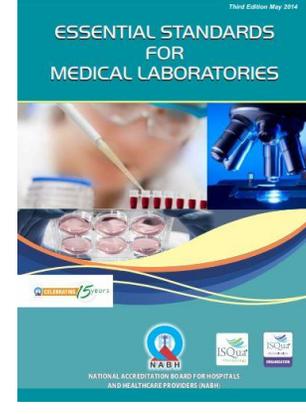
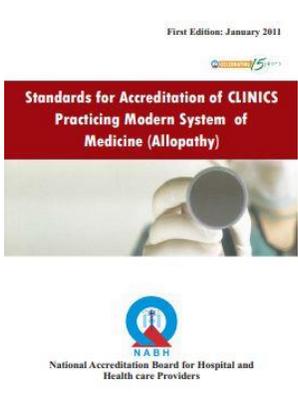
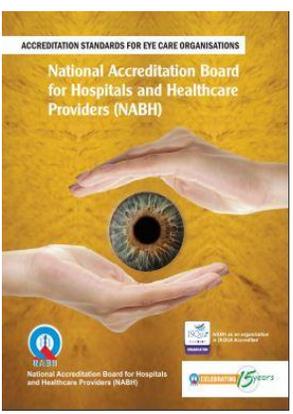
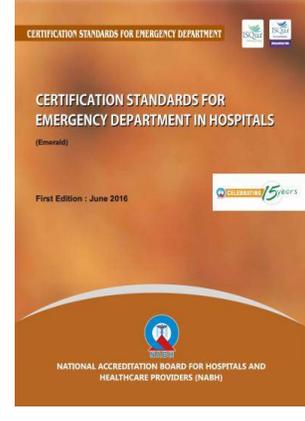
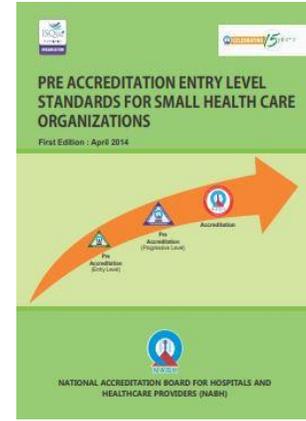
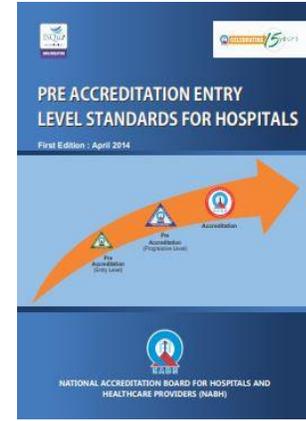
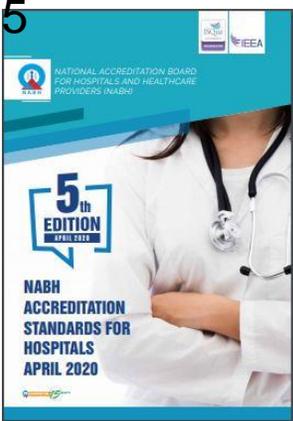


Entry level HCO



Entry level SHCO



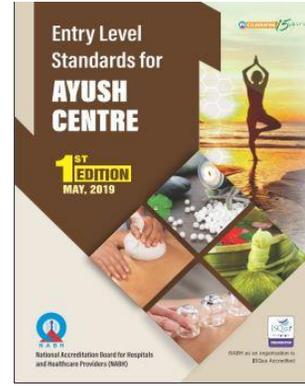


NABH has the mandate and remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture and an ecosystem of quality in healthcare taking Quality, Safety and Wellness to the last in the line.

10 accreditation standards
7 certification standards



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)

More than **1200** such low-cost authentic training programs with
More than **35,000** certified participants till date.



Government collaborations



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

वसुधैव कुटुम्बकम्
ONE EARTH • ONE FAMILY • ONE FUTURE

AYUSH Entry Level Certification



सत्यमेव जयते
Ministry of Ayush
Government of India



Partnership with **NHA**

National Commission for Homeopathy



सत्यमेव जयते
Government Of India

Gap analysis projects of Government Hospitals
RML, Safdarjung Hospitals

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



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 _____

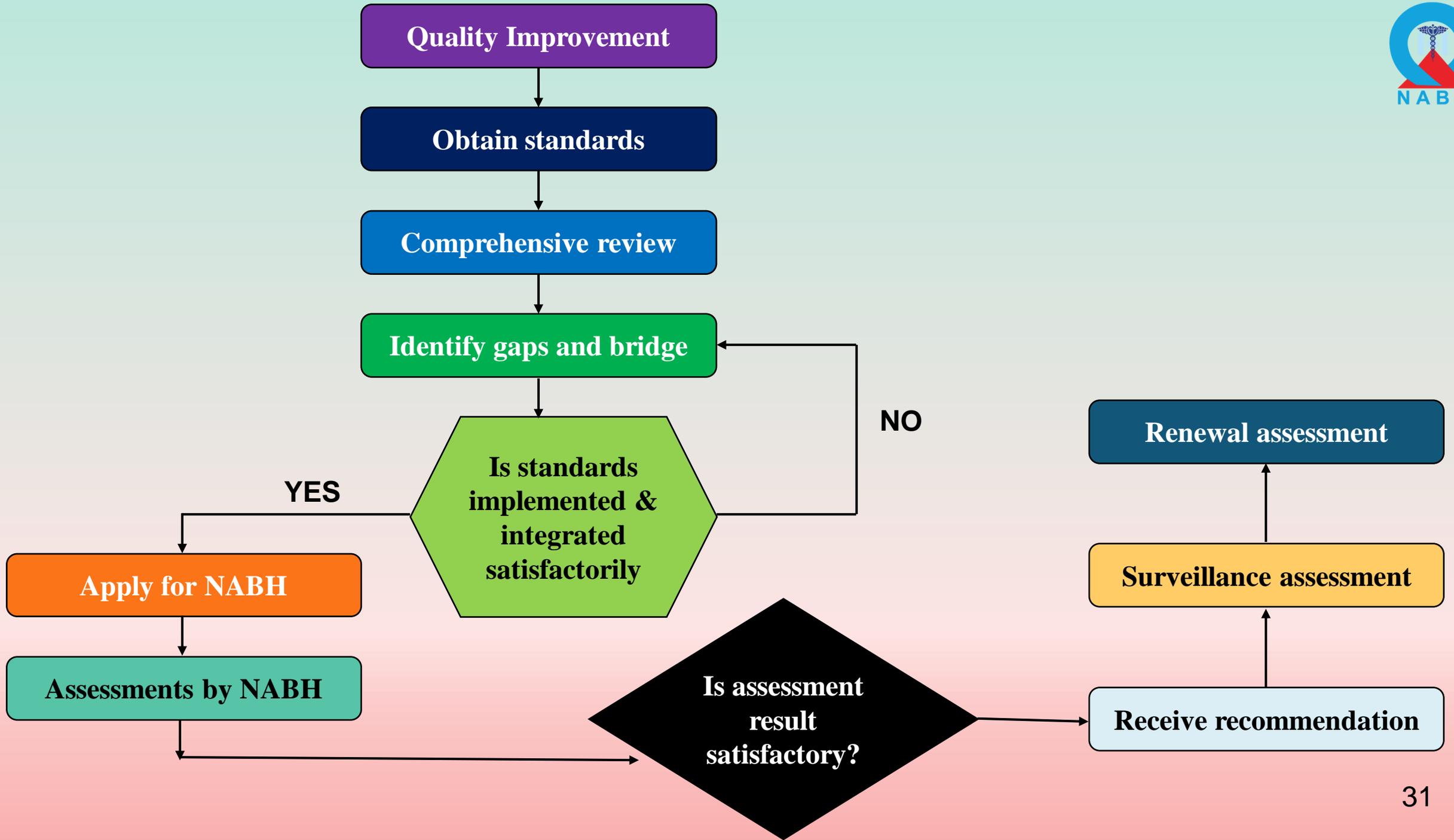
Date _____



ELIGIBILITY CRITERIA FOR APPLYING FOR NABH ACCREDITATION



- HCO should be **functioning at least six months** prior to applying for NABH accreditation or certification.
- The **average bed occupancy** (calculated for last 6 months) should be minimum of **30%** at the time of application.
- The applicant HCO must apply **for all its facilities and services** being rendered from the specific location.
- NABH accreditation is considered for HCO's entire activities and **not for a part of it.**
- The applicant HCO **should have been implemented NABH standards** in the HCO for a **minimum of 3 months**
- The applicant HCO must **comply** with all the applicable **accreditation Standards and other law of land.**



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

TYPES OF ASSESSMENTS

ROUTINE ASSESSMENTS

Pre Assessment

Final Assessment

Surveillance Assessment

Renewal Assessment

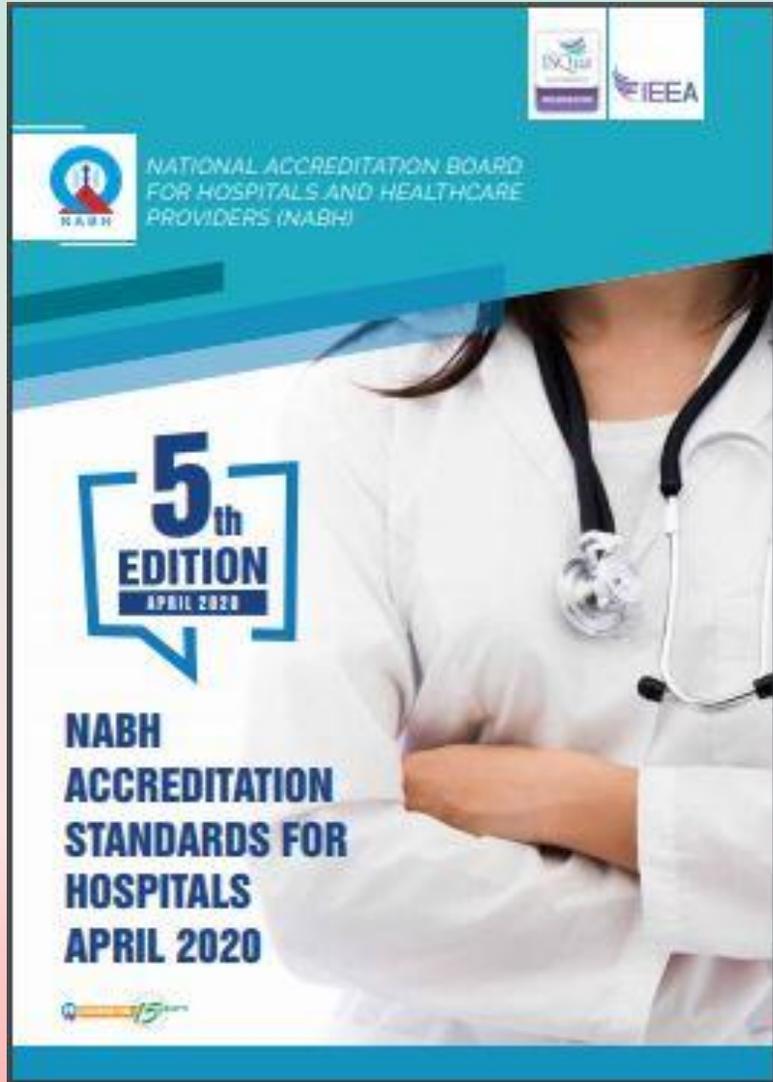
OTHER ASSESSMENTS

**Focus
Assessment**

**Verification
Assessment**

**Surprise
Assessment**

NABH 5th Edition Standards



CORE (102)

Commitment (459)

Achievement (60)

Excellence (30)

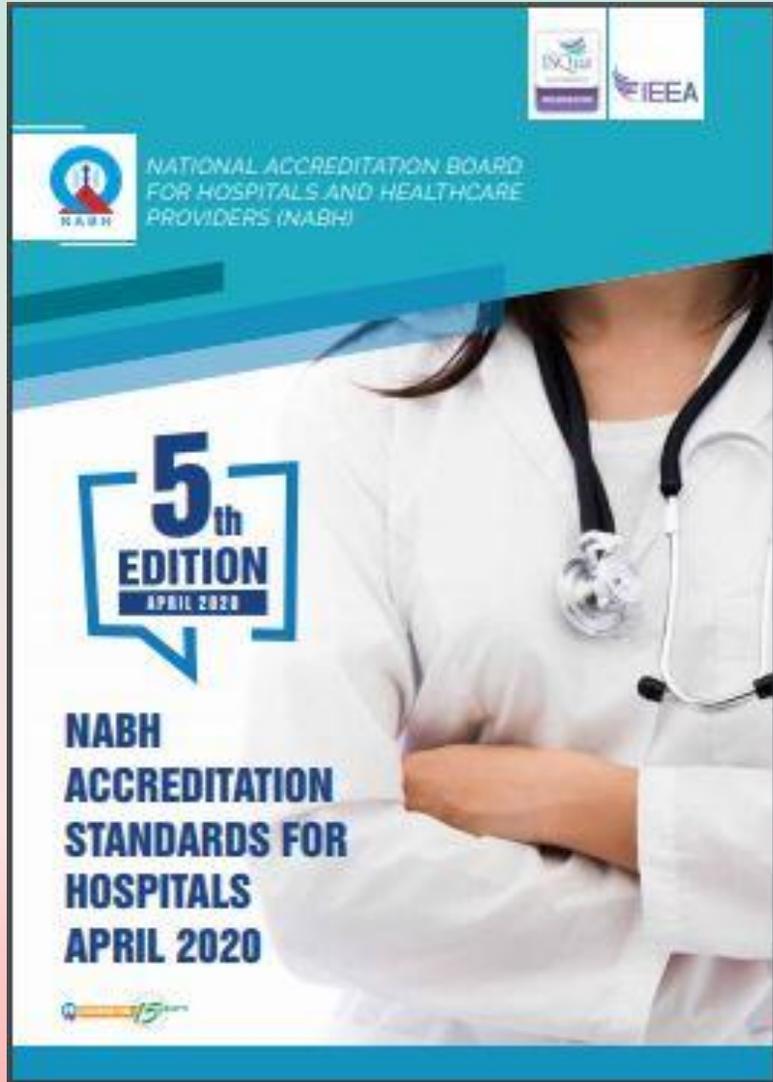
10
CHAPTERS

100
STANDARDS

651
OBJECTIVE
ELEMENTS

CHAPTERS	STANDARDS	OBJECTIVE ELEMENTS	CORE <small>NABH</small>	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	<p>No compliance</p> <ul style="list-style-type: none"> No systems in place and there is no evidence of working towards implementation None or little ($\leq 20\%$) of the samples meet the requirement(s) of the objective element Non-conformity exists
2	<p>Poor compliance</p> <ul style="list-style-type: none"> Elementary (limited) systems in place and there is some evidence of working towards implementation Minimal (between 21-40%) of the samples meet requirement(s) of the objective element Non-conformity exists
3	<p>Partial compliance</p> <ul style="list-style-type: none"> Systems are partially in place, and there is evidence of working towards implementation Some (between 41-60%) of the samples meet the requirement(s) of the objective element Non-conformity exists
4	<p>Good compliance</p> <ul style="list-style-type: none"> Systems are in place, and there is evidence of working towards implementation The majority (between 61-80%) of the samples meet the requirement(s) of the objective element Non-conformity could exist
5	<p>Full compliance</p> <ul style="list-style-type: none"> Systems are in place, and there is evidence of implementation across the organisation Almost all (between 81-100%) of the samples meet the requirement(s) of the objective element No Non-conformity

ADVERSE DECISIONS AND APPEAL MECHANISMS

**Not
Recommended**

Inactive

Abeyance

Suspension

**Forced
Withdrawal**

**Voluntary
withdrawal**

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

Policy and Guidelines of NABH

1. Use of NABH accreditation/ certification mark
2. Assessment, surveillance and reassessment of HCO
3. Dealing with adverse and other decisions
4. Surprise assessment to an accredited/ certified HCO
5. Focus assessment of an accredited/certified HCO
6. Handling of appeals
7. Handling of complaints
8. Change of name of an accredited/ certified HCO
9. Retention of records

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

Name of Hospital
Address
XXXXXXXXXXXX
XXXXXXXXXXXX

has been assessed and found to comply with NABH Accreditation/Certification Standards. This certificate is valid for the Scope as specified in the annexure subject to continued compliance with the accreditation/certification requirements.

Non Scannable Security: Can print variable content and it is laser generated security. It will shine automatically in the presence of light, which cannot be scanned or photocopied by any means.

Date of first accreditation: MM DD, YYYY
Valid from : MM DD, YYYY
Valid thru : MM DD, YYYY

3. QUICK READ CODE
Quick Read Code: QR code carrying variable data may be name, address and Certificate number.



Prismatic Mark Patch: This is a special security feature whose content can only be seen through Decoder

Certificate No. X-XXXX-XXXX

Dr. Atul Mohan Kochhar
Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600800, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

5. BAR CODE Bar Code: Bar-code carrying serial number of the certificate
6. PRISMATIC MARK PATCH
SI No. XXXXXX



NABH and the NABH Accreditation Standards for Hospitals are ISQua Accredited

Security Features:

1. **Nano Text:** Micro text printing with variable Certificate number, which can only be readable through special 60x lens only.
2. **Copy Protect:** When original document is copied than word “COPY” will appear.
3. **Quick Read Code:** QR code carrying variable data may be name, address and Certificate number.
4. **Non Scannable Security:** Can print variable content and it is laser generated security. It will shine automatically in the presence of light, which cannot be scanned or photocopied by any means.
5. **Bar Code:** Bar-code carrying serial number of the certificate.
6. **Prismatic Mark Patch:** This is a special security feature whose content can only be seen through Decoder
7. **Media:** Polyethylene Terephthalate Non -Tear able and Waterproof media

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)

INTENT OF CHAPTERS

CHAPTER- 1

ACCESS ASSESSMENT AND CONTINUITY OF CARE (AAC)

- Patient information
- Emergency
- OPD
- Admission
- Care
- Laboratory & imaging
- Transfer and discharge
- know services provided
- stabilize, admit or transfer
- care if resources allow
- defined process
- initial and periodic assessments (Continuous, multidisc, continuous, care plan)
- as per scope, safety patient and staff, quality
- well defined, patient well informed

CHAPTER- 2 CARE OF PATIENTS (COP)

(guide and encourage patient safety as the overarching principle)



- Provide **uniform care** to all patients (OPD, Day care, ICU, OT, Procedure rooms)
- Written guidelines for **organ donation and procurement**
 - right skill mix of staff and other related support systems
- **Comprehensive** health care
 - Pain management, nutritional therapy and rehabilitative services
- Written guidance, applicable laws and regulations guide:
 - ER, Ambulance, CPR, use of blood and blood components, care of patients in ICU, HDU
- **Higher risk** of morbidity/mortality
 - High-risk obstetric patients
 - Paediatric patients
 - Patients undergoing procedural sedation, surgery,, anaesthesia
 - End of life care

CHAPTER 3

MANAGEMENT OF MEDICATION

(Safe and organized medication process)



- **Written guidance** for availability, safe storage, prescription, dispensing and administration
- **Oversight** of all medications stocked out of the pharmacy
- **Correct storage** (as regards to temperature, light; high-risk medications including look-alike, sound-alike, etc.), expiry dates
- **Emergency medications** availability, monitoring
- **High-risk medication** order
- Analysing **near-misses, medication errors and adverse drug reactions**
- Safety is paramount when using **narcotics, chemotherapeutic agents and radioactive agents.**

CHAPTER 4

PATIENT RIGHTS AND EDUCATION

(patient and family's rights and responsibility- define, protect, promote)



- Staff **aware** of these rights and should protect them.
- Patients are **informed** of their rights and responsibilities at initial encounter
- Expected **costs of treatment and care** explained to the patient and/or family.
- Patients made aware of **grievances addressal** mechanism
- **Informed consent** for specified procedures/care.
 - shall include risks, benefits & alternatives.
- Right to get information and education in **their language**
- Effective patient centered **communication**

CHAPTER 5

HOSPITAL INFECTION CONTROL



- Documented and Effective **HAI & IPC** program for ↓ infection risk to patients, visitors and providers of care
- IPC implemented across the organization, including clinical areas and support services
- Proper facilities and adequate resources to support IPC program
- Effective antimicrobial management programme, current **antibiotic policy**
- Monitors implementation, antibiotic usage
- Surveillance to include **disinfection/sterilisation** activities and **BMW** management

CHAPTER 6

PATIENT SAFETY AND QUALITY IMPROVEMENT

(Encourage an environment of patient safety and continual quality improvement)

- Safety and quality **programme**
 - Documented for all areas and staff
- Collect **data** on structures, processes and outcomes
 - Collate, analyse, use for improvement
- **Clinical audits**
 - To improve patient care quality
- Robust **incident reporting** system
 - **Sentinel events** shall be defined
 - All incidents are **investigated**
 - **Appropriate action** is taken

CHAPTER 7

RESPONSIBILITIES OF MANAGEMENT

- Management **aware** of and manages all the *key components of governance*
- Those responsible for governance are **identified and their roles defined**
- Responsibilities of management are defined **at all levels**
- **Compliance** with all applicable Regulations
- **Patient-safety and risk-management** issues are an integral part of patient care and hospital
- Encourage the governance of organisation **professionally and ethically**

CHAPTER 8

FACILITY MANAGEMENT AND SAFETY

Provision of safe & secure environment for patients, their families, staff and visitors



- Improving **facility, equipment, and internal physical environment**
 - proactive risk analysis
 - facility inspection rounds
 - training of staff on safety and management of disasters.
- **Fire and non-fire emergencies** within the facilities
- **Energy efficient**
- **Safe water, electricity, medical gases and vacuum systems**
- Programme for medical and utility **equipment management.**
- Manages **hazardous materials**

CHAPTER 9

HUMAN RESOURCE MANAGEMENT



- **Recruitment** of staff through a uniform and standardised system
- **Orient** staff to environment and to specific duties and responsibilities
- **Ongoing professional training/in-service education**
- Systematic and structured **appraisal system**, an opportunity to **discuss, motivate, identify** gaps in the performance of the staff
- **Promotion the physical and mental well-being** of staff
- **Grievance handling** mechanism and disciplinary procedure
- **Credentialing and privileging** of health-care professionals (medical, nursing, para-clinical staff)

CHAPTER 10

INFORMATION MANAGEMENT SYSTEM

(right information is available to the right person, at the right time)

- **HIS, all other modalities of information**
 - **Data and information management**
 - **Confidentiality, integrity and security of records, data and information**
 - **Review the need periodically**
- To staff, patients, visitors and community in general**
- **To meet the organisation's needs and support quality patient care**
 - **Provided only to authenticated, in secure and accurate manner at the right time and place**

Measuring and reporting on key indicators

- **patient outcomes, satisfaction and safety**
- **can help to identify areas for improvement and ensure sustained improvement in quality over time**



Key Performance Indicators (KPIs)



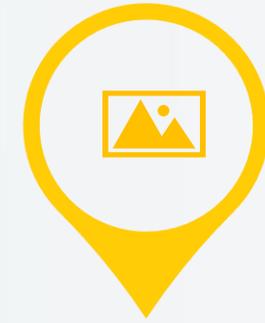
Measurable elements of practice for which there is **evidence or consensus** that they reflect quality and hence help change the quality of care provided.



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 associated 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** in healthcare are fundamentally supported by healthcare accreditation.
- It is an **active, dynamic process** that enables healthcare organisations 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



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(NABH)



National Accreditation Board for Hospitals & Healthcare Providers (NABH)

ITPI Building, 5th Floor, 4 - A, Ring Road, I P Estate, New Delhi - 110002

Phone : +91-11-4260 0600

Email : helpdesk@nabh.co



Thank you

