



**NABET Accreditation Criteria for  
Hospital & Healthcare Individual Consultant Organization  
(NABH Standards)**

A number of consultants are helping various **Hospitals and Healthcare (HAH) sector**. The selection of a capable Consultant by an organization is important in ensuring that their management system is capable of meeting the planned objectives of the organization in the most efficient and cost effective manner.

Hospitals may cater to multi disciplinary activities where inputs are required from specialists in different areas. Therefore besides capable consultants, a consultant organization would require to have a capable Coordinator or Team Leader who would lead the team of various consultants and/or experts to provide a comprehensive guidance to the HAH and develop an effective system as per NABH guidelines.

**Consultant organizations** - Since some of the HAH require comprehensive inputs from different specialized areas apart from the infrastructure backup, the Consultant organizations meeting the NABET criteria would be accredited as per the details given in this criteria .

### **Assessment Procedure**

#### **Consultant organizations**

- \* Desk top review of documents pertaining to background of the organization, manpower, experience, etc.
- \* On site verification of office & interview of all the Consultants proposed to be used for NABH Consultancy
- \* At least 50% of the consultants working with the organization should be preferably be registered with NBQP ( A constituent Board of Quality Council of India, operating the scheme of individual consultant registration).

The consultant organization shall develop & maintain documented procedures for effective administration of the consultancy projects in line with ISO 9001:2008.

The scheme for Accreditation of Hospital and Healthcare Consulting Organizations will help to certify the credentials of individual consultants and competent consultant organizations and also help the HAH to select a competent consultant through the register of consultants.

All information provided by the applicants can be verified and shared with the stakeholders at any stage during or after the assessment process. NABET reserves the right to utilize the information provided by the applicants for legal, research, for sharing with other IPC members or for any other purpose as may be deemed fit by NABET. In case an applicant wants the information to be kept confidential, a communication must be sent to NABET citing reasons for the same. NABET has the right to take decision in this regard as it may deem fit.

NABET reserves all rights to amend its Accreditation criteria, procedures and fees etc. as it may deem fit. Applicants are requested to refer to the updated criteria before applying for their Accreditation.

We value your suggestions and feedback.

Please contact NABET office for the latest information.

## DEFINITIONS

1. **Quality** – *Degree to which a set of inherent characteristics fulfills requirements.*  
 Note 1. The term “quality” can be used with adjectives such as poor, good or excellent  
 2. “Inherent” as opposed to “assigned” means existing in something, especially as a permanent characteristic.
2. **Continual Improvement** – *Recurring activity to increase the ability to fulfill requirements.*  
 Note: The process of establishing objectives and finding opportunities for improvement is a continual process through the use of Assessment findings and Assessment conclusions, analysis of data, management reviews or other means and generally leads to corrective and preventive action.
3. **Care Plan** – *Documented assessment, diagnostic tests, diagnosis, treatment (including medication and/or surgery), evaluation, auxiliary service (including physiotherapy and occupational therapy), etc, in patient care.*
4. **Discharge** – *Termination of current care, this may include follow up care or transfer or referral to another HCO.*
5. **Health Service or Health Care** – *All care, service, training, research, etc, to evaluate, diagnose, treat and follow up on maintenance of required health, prevent illness as well as improve health.*
6. **Health Service Organization or Health Care Organization (HCO)** – *An organization providing, administering or managing health service. This includes hospitals, diagnostic service centers, clinics, dispensaries, etc.*
7. **Health Record** – *Documents containing pertinent health related information relating to a particular individual or a group receiving health care service.*
8. **Health Professionals** – *Persons directly providing health service such as physician, physician assistant, nurse, paramedic, therapist, psychiatrist, social workers, psychologist, pharmacist and others who are trainer and/or teacher of health care.*
9. **Rehabilitation** – *The process of restoring a person’s physical and/or cognitive functions. This includes physiotherapy, occupational therapy, speech therapy, etc, individualized towards patient. Rehabilitation enhances healing and facilitates a return to productive activity.*
10. **Support Services** – *Activities which support the core business of a HCO. They include billing, admitting, housekeeping, public relation, etc.*
11. **Technicians** – *Those who assist in diagnostic examination as well as working in medical and surgical support roles.*
12. **Health** – *It is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity.*
13. **Community Health** – *Health care activities for a community covering the individuals as well as targeted groups through the following in singularity or in combination:*
  - a) *Health promotion,*
  - b) *Specific protection,*
  - c) *Early diagnosis and treatment,*
  - d) *Disability limitation, and*
  - e) *Rehabilitation.*

14. **Assessment** – *systematic, independent and documented process for obtaining Assessment evidence and evaluating it objectively to determine the extent to which Assessment criteria are fulfilled.*
15. **Competence** – *demonstrated personal attributes and demonstrated ability to apply knowledge and skills.*
16. **Customer satisfaction** - *Customer's perception of the degree to which the customer's requirements have been fulfilled.*
17. **Quality Management System** - *Management system to direct and control an organization with regards to quality.*
18. **Quality Policy** - *Overall intentions and direction of an organization related to quality as formally expressed by top management.*
19. **Audit** - *Systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.*

## **NABET Accreditation Criteria for Hospital & Healthcare Consultant Organizations (NABH Standards)**

### **CONTENTS**

<b><u>SECTION</u></b>	<b><u>SUBJECT</u></b>	<b><u>PAGE NOS.</u></b>
1.	Accreditation Criteria	07
2.	Assessment of the organization	09
3.	Code of Conduct for Consultant Organization	11
4.	Fee Structure	12
5.	Application Form	14
6.	Annexure –I	15



## **1.5 Records**

- I. The organization shall maintain records to demonstrate conformance to the NABET requirements.
- II. Records shall be maintained in English.
- III. Records may be in the form of any type of media, such as hard copy or electronic media.
- IV. These records shall be maintained for at least three years.
- V. These records shall be made available to NABET.

## **1.6 Complaints and Appeals**

The Consultant organizations shall have documented procedures for handling & disposal of complaints within a reasonable time.

The documented procedure shall include provision for corrective and/or preventive action to be taken if required as a result of any complaint or appeal. The procedures shall include the potential involvement of NABET in unresolved complaints or appeals.

The organization shall inform all clients of the right to make a complaint or an appeal and shall provide written details of the process for doing so, on request.

The organization shall notify each complainant or appellant in writing of the result of the complaint or appeal and of the right to appeal against the result to NABET.

The organization shall maintain records of all complaints and appeals, of their resolution and the corrective & preventive actions taken.

## **1.7 Confidentiality**

The organization shall have adequate arrangements consistent with applicable laws to safeguard confidentiality of all information provided by its clients. These arrangements shall be extended to include organizations or individuals acting on its behalf and its representatives.

Except as required, information about an organization shall not be disclosed to a third party without written consent of the organization.

## **1.8 Changes**

The organization shall notify NABET of any changes that it makes in its quality manual, documents experts, locations etc.

NABET reserves the right to carry out assessment of before its approval. The expenses for this re-assessment shall be borne by the organization.

## **Section – 2                      Assessment of the organization**

### **2.1      Language**

All communications, documentation and records shall be in English.

### **2.2      Initial Assessment**

#### **2.2.1    Documentation assessment**

NABET shall evaluate the documented system including:

- a. Quality Manual
- b. The criteria for selecting experts and individual consultants, procedures for assessing their performance and a current list of experts and individual consultants, their resumes and NBQP Registration status
- c. Office administration documents including promotional material.

After the evaluation, NABET will inform the organization of the non-conformities and/or observations if any.

The organization shall be required to close all observations and non-conformities before the next stage of assessment.

#### **2.2.2    Office Assessment**

Following review and acceptance of the documentation procedures, NABET shall undertake at least one full assessment of the Office, support structure and the Consultants working with the organization.

The organization shall be informed of the findings and non-conformities if any.

In case any corrective action is required, the organization shall make the necessary corrections & improvements, and submit the appropriate documentation within a defined time schedule.

An additional full or partial evaluation may be done by NABET to verify the compliance of corrective actions

The NABET Accreditation Committee will take the decision on NABET Accreditation for the organization depending on the Assessment report.

When NABET Accreditation Committee determines that the organization can be offered Accreditation, NABET shall inform its approval to the organization.

The annual Accreditation fee should be paid by the organization. Subsequently for every year, the organization will have to clear the surveillance assessment and pay the requisite fee for renewal of Accreditation.

A certificate will be issued on receipt of fees.

## **2.3 Surveillance and Re-assessment**

### **2.3.1 Surveillance Assessment**

To assess an organization's continuing conformance to NABET criteria and the effective implementation of the procedures, NABET shall normally conduct an annual surveillance for Administrative procedures, practices and records.

NABET reserves the right to carry out more frequent or longer surveillance as necessary and in case of complaints/concerns against the organization. Cost for the same shall be borne by the organization.

NABET may conduct surprise surveillance.

### **2.3.2 Re-assessment**

NABET shall carry out reassessment of the office, office procedures and documentation to verify the compliance with the NABET criteria after every three years.

The organization shall apply in the requisite application form for the reassessment enclosing the necessary papers and the fee.

## **2.4 Suspension or Cancellation**

NABET may suspend or cancel an approval because of any of the following, but not be limited to:

- a) non compliance or violation of the NABET requirements
- b) providing insufficient or incorrect information to NABET
- c) improper use of NABET Accreditation mark
- d) changes without NABET approval
- e) failure to report any major legal (mandatory compliance) changes
- f) any other condition deemed appropriate by NABET
- g) non payment of fees.

## **2.5 Appeals**

An appeal against NABET shall be made in writing to the Board Chairman. An Appeals Committee will be constituted out of the Board Members to resolve the issue.

In case of non-acceptance of the decision of the Appeals Committee by the applicant, the appeal can be made to the Secretary General, QCI, who will then appoint an arbitrator for the purpose. The arbitration shall be held in the city of Delhi and shall be in accordance with the Arbitration and Conciliation Act 1996.

### **Section – 3 CODE OF CONDUCT FOR CONSULTANT ORGANISATIONS**

All consultants are obliged to improve the standing of the consultancy profession by rigorously observing the Code of Conduct. Failure to do so may result in suspension or withdrawal of Accreditation.

Consultants undertake:

1. To act professionally, accurately and in unbiased manner. Be truthful, accurate and fair to the assigned work, without any fear or favor.
2. To judiciously use information provided by or acquired from the client in developing the systems and maintain confidentiality of information received/acquired in connection with the assignment.
3. To avoid and or/ declare any conflict of interest that may affect the work to be carried out.
4. Not to accept any gift or any other favor from the clients, or their representatives and also not to allow colleagues to do so.
5. Not to act in a manner detrimental to the reputation of any of the stakeholders including NABET and the client.
6. To co-operate fully in any formal enquiry procedure of NABET as per appeals procedure.



## FEE STRUCTURE

<i>Fee Details (Consultant Organization)</i>	<i>(in Rs.)</i>
<b>a) Application Package</b> (Hard Copy) No charges if application is downloaded from web site	500/-
<b>b) Application Fee</b>	30,000/-
<b>c) Assessment Fee</b>	12,000/- per man day *(Documentation -2 man days Office - 4 man days) # plus actuals
<b>d) Annual Fee</b>	30,000/-
<b>f) Surveillance</b> (every year)	12,000/- per man day *(Office – 2 man days) # plus actuals
<b>g) Re-assessment</b> (after 3 years) Application Assessment	30,000/- 12,000/- per man day *(Documentation -2 days Office - 4 days) # plus actuals

**GENERAL INFORMATION ON PAYMENT OF FEE  
FOR ACCREDITATION**

1. The fee is to be paid by a Demand Draft payable at Delhi or a local Cheque of Delhi in favor of "Quality Council of India".
2. Only the Application fee is to be sent along with the application. Applications not accompanied by the application fee will not be considered.
3. The Annual fee is to be sent only after the receipt of confirmation from NABET. Certificate will be sent after receipt of full fees and expenses.
4. Annual fee is to be paid in advance before the beginning of the next year of certification.
5. The company has the option to pay the total 3 years fee offerings in advance based on the estimates.
6. **"\*\*" Indicates a typical example. The number of man-days may vary depending on size of the consultant organization and the type of non-conformities.**
7. **"#"** Expenses on local travel, outstation travel, boarding and lodging etc. of Assessors will be charged on actuals.

**\* Estimated Fees (in case of no additional assessments & for one office location)**

Total fees -	Application	-	30,000	I year – 1,32,000
(3 years)	Assessment	-	72,000	II year - 54,000
	Annual	-	30,000	III year - 54,000
	Annual	-	60,000	
	Surveillance	-	48,000	

**Total - 2,40,000/- plus actuals on travel, boarding and lodging**



## APPLICATION FOR Accreditation of Consultant Organization

COH-01

1. Name of the Applicant .....  
(Organization name) .....

2. Address .....

Tel no ..... Fax no. .... Email .....

(std code) (no.) (std code) (no.)

(The addresses of other branch offices should also be given. It can be attached as a separate sheet, with this application.)

3. The following documents are enclosed (**two copies**):

a) System Manual for the Organization including :

I. Administrative procedures

II. Consultant Qualification criteria and their evaluation procedures

b) List of Consultants with their resumes

c) Corporate Brochure with **a copy of legal identity**

d) Organization structure & details of relationship with any certification body

4. Please find enclosed the Demand Draft / Cheque (Delhi only) no. \_\_\_\_\_ for Rs. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ in favor of **Quality Council of India**, payable at New Delhi towards the application fee.

5 We have carefully read all NABET guidelines for Accreditation of Consultant organization. We confirm that the information in support of the application is correct to the best of our knowledge. We agree to abide by the code of conduct and terms & conditions of NABET as applicable from time to time.

We authorize NABET to make any enquiry as deemed fit as part of the reviewing process. We understand that in case any information is found to be incorrect, it may result in rejection of this application and/or disqualification. We authorize NABET to utilize the information provided in this application for legal, research, training, sharing with other IPC members and/or for any other purpose as may be deemed fit by NABET.

If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may effect the consideration for Accreditation of the organization.

6. Authorized Signatory:

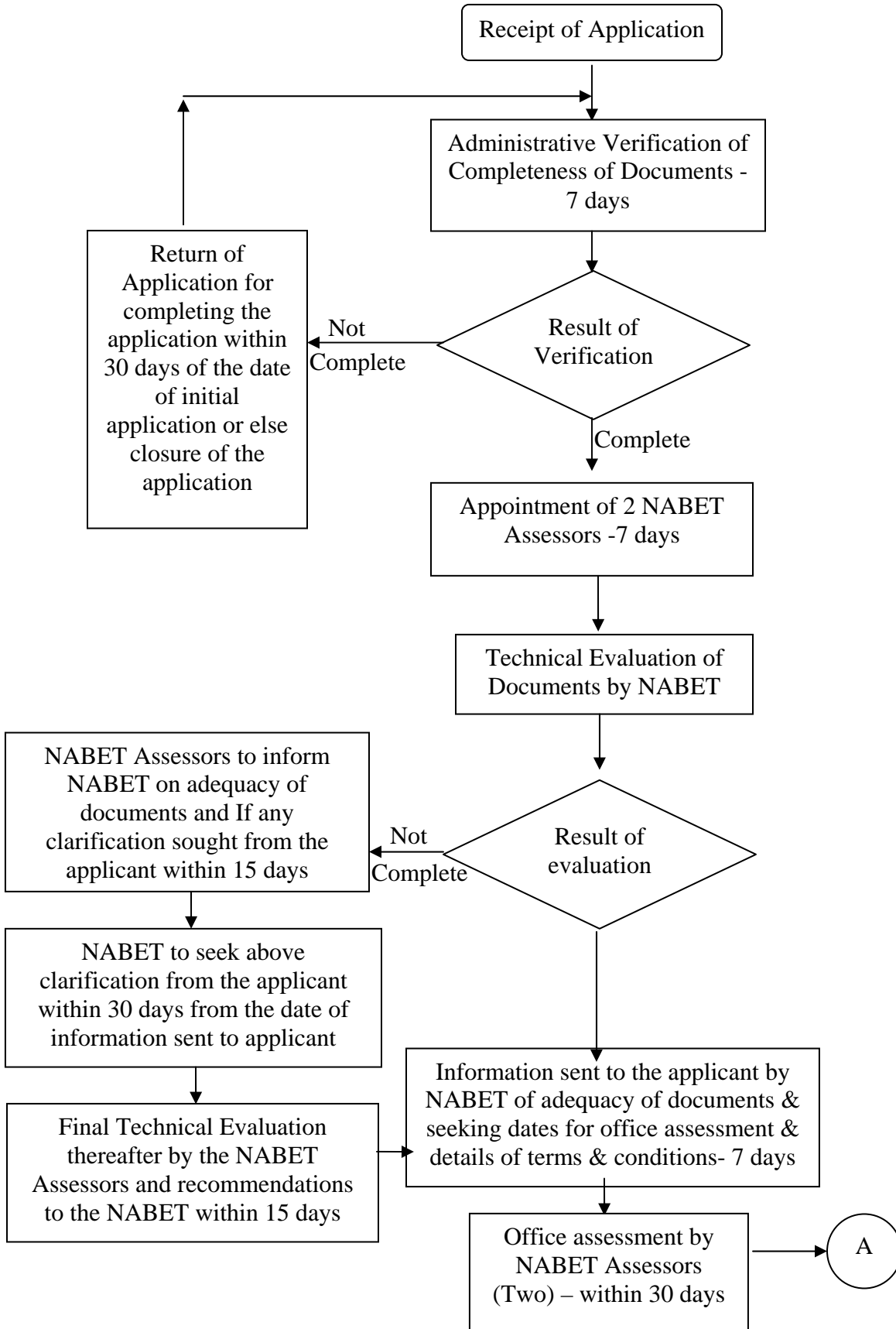
Name .....

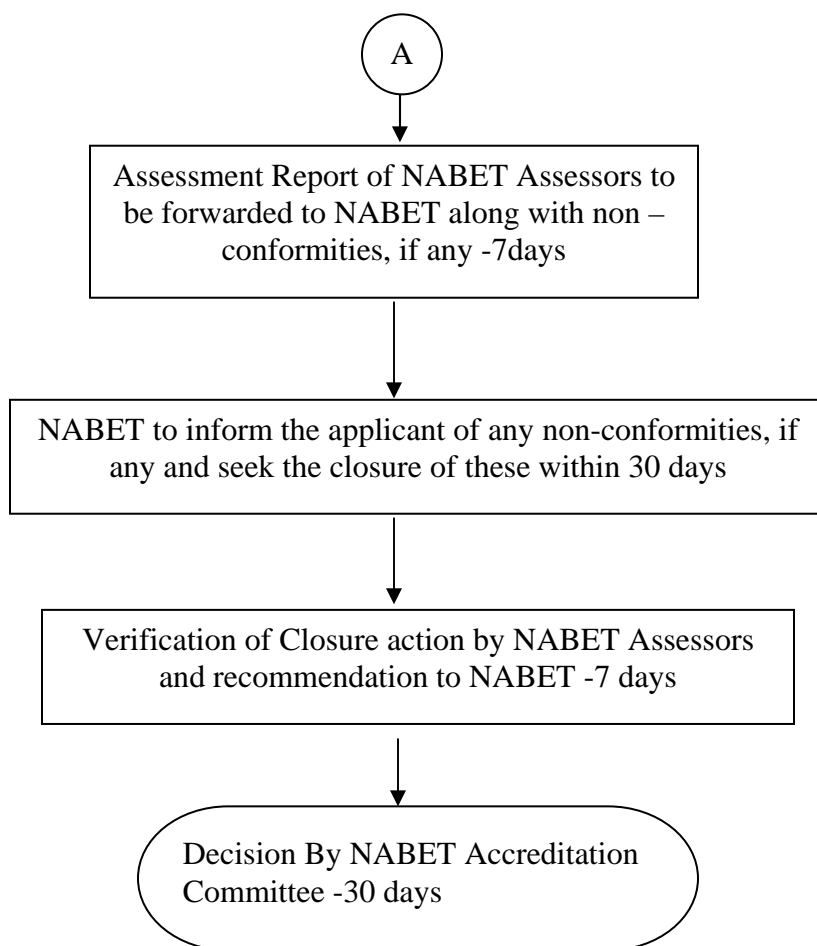
Designation .....

Signature ..... Date .....

**Typical Processing Cycle of Application**

**Annex -I**





Estimated time for application processing and Accreditation – 80-100 days.

**Note**

In case of disagreement between two Assessors on the recommendations, decision of NABET Accreditation Committee will be final and binding on the applicant.