



# **NABH POLICY AND PROCEDURE FOR FOCUS VISIT TO AN ACCREDITED HOSPITAL/ SHCO**



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## **1.0 OBJECTIVE**

To formulate the policy and procedure(s) for conducting a Focus Visit to an Accredited Hospital/ SHCO on receipt of request from accredited Hospital/ SHCO for addition/ extension of scope from their existing scope.

## **2.0 SCOPE**

Focus visit of accredited Hospital/ SHCO for addition of scope is to ensure that the facilities exist within the Hospital/ SHCO for that particular scope for which request has been received.

## **3.0 RESPONSIBILITY**

On receipt of the request from the HCO, CEO/Director shall take a decision to conduct such an audit. CEO / Director – NABH shall be responsible for formulation of recommendations to establish, implement and amend this document subject to the approval of the Board of NABH. NABH Secretariat shall be responsible for implementation of the policy and monitoring of the implementation of the said policy and procedure(s).

## **4.0 POLICY FOR FOCUS VISIT**

### **4.1 Criterion for the focus visit**

NABH shall fix a focus visit/ assessment for the Hospital/ SHCO within within one month /four weeks time from the date of receipt of application of addition/ extension of scope and other relevant documents from HCO.

### **4.2 Resource for the focus visit**

NABH Secretariat shall finalise the team for focus visit. The team shall comprise of one member. NABH Secretariat shall constitute one member team in consultation with Director NABH. The member shall be either from the team that had visited the Hospital/ SHCO in the earlier assessment or an independent assessor from the pool of assessors of NABH or a technical expert appointed by NABH secretariat.

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## **5.0 PROCEDURE FOR FOCUS VISIT**

### **5.1 Methodology for the focus visit**

Focus visit will ensure that the facilities exist within the Hospital/ SHCO for that particular addition/ extension of scope. The visit shall ensure the following:

- Legal compliance applicable for that particular addition of scope
- Equipment ownership and installation within the premises of Hospital/ SHCO
- Environment/ structural compliance
- Human resource
- Any other particulars if required

### **5.2 Reporting for the focus visit**

On completion of the focus visit, the team shall submit the report of its findings to NABH Secretariat. NABH Secretariat shall review the report in view of applicable accreditation standards. The report shall be placed before the Accreditation Committee. The committee shall in turn recommend for extension of scope or otherwise.

### **5.3 Funding for the focus visit**

The HCO shall pay the fee for the focus assessment of Rs. 15,000/- plus service tax. The expenses incurred towards the travelling, boarding and loading of the assessment team shall be borne by requesting Hospital/ SHCO.

## **6.0 RECORD**

NABH shall maintain the records for the focus visit conducted on Accredited Hospital/ SHCO in a separate file. The file shall have the following:

- serial number for the visit
- registration of the Hospital/ SHCO
- name & address of Hospital/ SHCO
- scope extension sought by the Hospital/ SHCO
- date and details of assessor visited
- recommendation of Accreditation Committee
- outcome of the focus visit
- remark

All the correspondence in respect to the focus visit and decisions thereafter shall also be filled in order in the respective file of Hospital/ SHCO.

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
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