



APPLICATION
For
PRE ACCREDITATION ENTRY LEVEL
SHCO

Issue No.: 01

Issue Date: July 2014

NATIONAL ACCREDITATION BOARD FOR
HOSPITALS & HEALTHCARE PROVIDERS



NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS

Assessment criteria and Fee structure

Small Health Care Organisation		
Assessment	Application Fee	Certification Fee
One man day	Rs. 1,000/-	Rs. 10,000/-

NOTE: The man days given above for assessment are indicative and may change depending on the facilities and size of the SHCO.

Service Tax applicable from time to time (currently @ 12.36%) will be charged on all the above fees. You are requested to please include the service tax in the fees accordingly while sending to NABH.

Guidance notes:

1. Fees to be paid through Demand Draft/ local cheque in favour of Quality Council of India payable at New Delhi.
2. Three copies of this application form duly filled in are to be submitted along with necessary documents and fees.
3. Self Assessment Toolkit dully filled in is to be submitted by the SHCO along with the application form.
4. The certification fee includes expenses on travel, lodging/ boarding of assessor.
5. The applicant SHCO must make all payment due to NABH, before the onsite assessment is conducted.
6. The certification, once granted will be valid for two years, after which the SHCO may apply for renewal as per NABH policy or SHCO may prepare and move to the next stage - "Pre Accreditation Progressive" Level/ "Full Accreditation" status.

Definition:

Small Health Care Organisations (SHCO)

Those healthcare organizations having bed strength up to 50 beds and are in possession of supportive and utility facilities that are appropriate and relevant to the services being provided by organization. Day Care centres (up to 50 beds) are included.

Exclusions

- Polyclinics
- Diagnostic Centres
- Super speciality* centres (single/ multiple)

Exceptions

Speciality** Day Care centres (minimum bed strength not mandatory)

* Super Speciality centres are the centres which reflect requirement of DM/ MCh or equivalent qualified personnel.

** Speciality centres are the centres which reflect requirement of MD/ MS or equivalent qualified personnel.

Note: Please refer to General Information Brochure for Pre Accreditation Entry Level for SHCO for details.

Kindly tick the appropriate box (Please refer definition on page 2):

You can apply under SHCO, if your answer to 'a' & 'b' is Yes OR if your answer to 'c' is Yes.

- a. Is your bed strength upto 50 beds Yes No
- b. Are you in possession of supportive and utility facilities that are appropriate and relevant to the organization. Yes No

OR

- c. Speciality Day Care centres Yes No

1. Name of the SHCO:

2. Address:

3. Ownership/ Legal Identity:

Is the organisation a public/ government establishment or an independent/ private sector provider?

4. Year in which established:

5. Contact person(s):

(Please indicate [√] with whom correspondence to be made)

- Chief Executive Officer: (or equivalent)

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

- Pre Accreditation Coordinator:

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

6. Is the SHCO registered with Local Authorities:

(Where applicable as per the State Norms)

7. Number of Inpatient Beds: *(number currently in operation) (please exclude emergency, day-care, recovery room beds etc.)*

8. OPD & IPD data:

OPD DATA (Past two years)

Period	Number of Patients

IPD DATA (Past two years)

Period	Number of Patients Admitted

9. Scope of Certification (Clinical services being provided by the SHCO)

Clinical Service	Service Provided?	Number of Beds Available
Anaesthesia	YES/NO	
Burn Unit	YES/NO	
Care of the Elderly	YES/NO	
Day Care Treatment Endoscopy	YES/NO	
Day Care Treatment Bronchoscopy	YES/NO	
Dentistry	YES/NO	
Dermatology	YES/NO	
Emergency Medicine	YES/NO	
Ear Nose and Throat	YES/NO	
Fertility	YES/NO	

General Medicine	YES/NO	
General Surgery	YES/NO	
Gynaecology	YES/NO	
Intensive Care Unit adult	YES/NO	
Intensive Care Unit paediatric	YES/NO	
Intensive Care Unit neonatal	YES/NO	
Laser treatment	YES/NO	
Obstetrics	YES/NO	
Ophthalmology	YES/NO	
Orthopaedic Surgery	YES/NO	
Paediatrics & Neonatology	YES/NO	
Palliative Care	YES/NO	
Preventive Health Screening Clinics	YES/NO	
Rehabilitation	YES/NO	
Respiratory Medicine	YES/NO	
Surgical ICU	YES/NO	
Others, please state	YES/NO	

10. Scope of Certification (Diagnostic Services being provided by the hospital)

Diagnostic Service	In House	Serves other organisation	Out sourced
Diagnostic Imaging:			
CT Scanning	YES/NO	YES/NO	YES/NO
DSA Lab	YES/NO	YES/NO	YES/NO
MRI	YES/NO	YES/NO	YES/NO
PET	YES/NO	YES/NO	YES/NO
Gamma Camera	YES/NO	YES/NO	YES/NO
Ultrasound	YES/NO	YES/NO	YES/NO
X-Ray	YES/NO	YES/NO	YES/NO
Laboratory Services:			
Clinical Bio-chemistry	YES/NO	YES/NO	YES/NO
Clinical Pathology	YES/NO	YES/NO	YES/NO

Haematology	YES/NO	YES/NO	YES/NO
Clinical Microbiology & Serology	YES/NO	YES/NO	YES/NO
Histopathology	YES/NO	YES/NO	YES/NO
Cytopathology	YES/NO	YES/NO	YES/NO
Genetics	YES/NO	YES/NO	YES/NO
Molecular Biology	YES/NO	YES/NO	YES/NO
Blood Bank	YES/NO	YES/NO	YES/NO
Blood Transfusion services	YES/NO	YES/NO	YES/NO

Pharmacy:			
Dispensary	YES/NO	YES/NO	YES/NO
Manufacturing – Total Parenteral Nutrition	YES/NO	YES/NO	YES/NO
Professions allied to medicine:			
Dietetics	YES/NO	YES/NO	YES/NO
Physiotherapy	YES/NO	YES/NO	YES/NO
Occupational Therapy	YES/NO	YES/NO	YES/NO
Speech and Language Therapy	YES/NO	YES/NO	YES/NO
Ambulance Service	YES/NO	YES/NO	YES/NO
Social Work	YES/NO	YES/NO	YES/NO

11. List Inpatient Care Units/ Wards, the Number and The type of care given on each Unit/ Ward.

Name of Unit/ Ward	Number of Beds	Type of Care Given	Floor/ Location

13. Non clinical and Administrative Departments

Support service	In House	Serves other Organisations	Out sourced
Catering			
Cleaning services			
General Administration			
Laundry			
Management of clinical waste			
Management of non-clinical waste			
Mortuary Services			
Occupational Health			
Patient Advisory Service			
Security			
Technical Department/ Equipment Management			
Other, please specify			

14. Staff Information (append the list for all)

Group	Number	Remarks if any
Managerial		

Doctors		
➤ Resident Doctors		
➤ Consultants		
a) Full Time		
b) Part Time		
Nurses		
Technicians		
Paramedical		
Others		

15. Furnish the list of applicable Statutory/ Regulatory requirements the organisation is governed by:

16. Litigation, if any:

17. Date of last Self-assessment: _____

18. Date of Implementation of NABH standards: _____

(SHCO shall apply at least 3 months after implementing NABH Pre Accreditation Entry Level Standards)

19. Terms and Conditions for maintaining NABH certification submitted: Yes No

20. Declaration by SHCO:

We hereby declare that:

- we are familiar with the terms and conditions of maintaining NABH certification (NABH-T&C)
- we agree to comply fully with NABH Pre Accreditation Entry Level Standards for Small Health Care Organisations
- we agree to comply with certification procedures, pay all costs for assessment and reassessment irrespective of the result
- we agree to co-operate with the assessment team appointed by NABH for examination of all relevant documents by them and their visits to those parts of the SHCO that are part of the scope of certification
- the information given in the application form is correct.

21. **Date Application Completed:** _____ Day _____ Month _____ Year

Authorised Signatory

Name: _____

Designation: _____