



POLICY & PROCEDURE FOR HANDLING OF COMPLAINTS

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Objective

The document describes the policy and procedure for dealing with complaints received from various sources.

1.0. Definitions

- 1.1. Complaint: Expression of dissatisfaction, other than an appeal, by any person or organization, to NABH, about a NABH accredited/certified/ recommended for empanelment or applicant Health Care Organization (HCO) where a response is expected. Any adverse media report shall also be taken as complaint.
- 1.2. Complainant: any individual / organization / body that is making a complaint.
- 1.3. Feedback are the positive and negative expressions by any person or organization against the services rendered. Feedback/suggestions are not treated as complaints.
- 1.4 Health Care Organization (HCO): Any entity providing health care services for which an accreditation or certification program is available with NABH or the HCO is recommended for empanelment by NABH.

2.0 Scope

The procedure includes complaints against applicant or accredited/certified Health Care Organizations (HCO) and/or HCO recommended for empanelment for the quality of the services provided by them. This may also include complaints regarding misuse of the accreditation/certification status either in terms of scope or in use of the NABH mark.

The procedure deals with all complaints received by NABH from any source including information from regulators/ government department.

It covers complaints received exclusively through “Quality Setu” portal Qualitysetu.qcin.org/portal/en/signin or (<https://nabh.co/contact-us/>)

All complaints are treated as confidential unless desired otherwise by the Government or by law.



Complaints related to NABH assessors shall be dealt with by NABH Assessors Management Committee. Complaints against NABH staff shall be dealt with by CEO, NABH. In such cases, QCI “Conduct Rules” shall be followed for imposing disciplinary action.

3.0 Responsibility

- 3.1 The responsibility for handling complaints against HCO’s shall rest with the Complaints Committee, NABH. The Complaints Committee shall evaluate and investigate the complaint and if, deemed valid, adverse decision as per NABH policy and procedures shall be recommended to CEO-NABH. If these recommendations are accepted by CEO, then the concerned program officer shall carry out the recommendations as per NABH Policy on Adverse Decision and other decisions.
- 3.2 CEO, NABH shall be responsible for monitoring the complaints.
- 3.3 Any ethics related complaint / ethical issues shall be referred to Ethics Committee of Quality Council of India (QCI).

4.0 Procedure

4.1 Receipt of Complaints

Complaints shall only be received through Quality Setu portal with description of the issue and supporting documentary evidence.

For smooth processing of the concerns, all complaints must include verifiable details such as a valid name, email ID, phone number, and postal address as two factor authentication.

Anonymous complaints/ whistle-blowers complaints (without name of the complainant, address, e-mail id and / or phone number shall not be responded to or acted upon)

Complaints submitted through any other mode i.e. hard copies/ letters or emails shall be requested to raise the complaint on the Quality Setu for further response and redressal.



NABH addresses concern strictly within the framework of its complaint redressal policy.

Complaints pertaining to financial matters, billing issues, clinical/medical negligence, individual healthcare professionals, or generalized allegations fall under the jurisdiction of appropriate regulatory bodies such as the State Medical Council, National Medical Commission etc.

Complaint must contain factual details, verifiable facts and related matters. They should not be vague or contain sweeping general allegations.

In cases where the complaint pertains to an accredited, certified, or empanelled Healthcare Organization (HCO), the complainant must first approach the concerned HCO directly. If the HCO fails to provide an appropriate resolution, the complainant may escalate the matter onto NABH portal. In such instances, the complainant is required to submit/upload documentary evidence of prior email communication with the HCO's management or relevant authority, including the response received from the respective HCO.

Once the complaint is registered on NABH portal, further correspondence in the matter will not be entertained. NABH complaints committee will ensure that the complaints are investigated within timelines and actions taken to its logical conclusion.

The complainant can use the complaint number/ ticket number to see the status of the action on the complaint by clicking on the “Complaint Status”.

4.2 Investigation of Complaints

4.2.1 All complaints shall undergo initial scrutiny by the Complaints Committee to determine whether they fall within the ambit of NABH activities and whether they are valid, based on which any of the following action shall be taken.

- a) If a complaint is outside the ambit of NABH activities, the complaint shall be treated as closed, and the complainant shall be informed accordingly.
- b) If information provided in the complaint is inadequate for any meaningful follow-up and the complainant is not able to provide minimum required information within



the stipulated time frame then such complaints shall also be treated as closed, and the complainant shall be informed accordingly.

- c) If the complaint clearly falls within the ambit of NABH complaints redressal policy and appears to be valid, with sufficient information provided for initial investigation the same shall be taken up for further action.
- d) In case any more information is needed, the complainant shall be asked for the same. NABH shall ensure that proper and timely communications are being sent to client organizations and other stake holders where necessary.

4.2.2 Where appropriate, the Complaints Committee shall provide the HCO an opportunity to address the complaint. In situations where this is not applicable, the concerned officer may seek clarifications from the HCO and, if required, may depute a NABH representative, assessor, or expert—with the approval of the CEO, NABH—to investigate the matter by conducting on-site assessment of HCO. All expenses related to the investigation shall be borne by NABH.

4.2.3 The Complaints Committee shall analyse the findings of the investigation. If the investigations reveal serious concerns with respect to the compliance mentioned under NABH accreditation/certification standards, wrong representation of scope of accreditation/certification, wilful and/ or misuse of NABH symbol/mark, or in case of non-cooperation with the investigation process, the adverse decision shall be taken as per NABH policy for Adverse Decision and other decisions. Complaints Committee shall proceed further for implementation of the adverse decision as per NABH procedures through the “Accreditation Committee”.

If deemed necessary, NABH may request accredited, certified, empaneled, or applicant HCOs to provide records of complaints received by them, along with details of the follow-up actions taken.

In case there is a media report regarding sentinel event in an applicant/ accredited/certified/ empaneled HCO, NABH may seek report on the above.

If found necessary, surprise assessment shall be scheduled for finding factual accuracy of complaint against applicant/ accredited/ certified/ empaneled HCO. The report shall be placed before the Accreditation Committee.



If there is any assessment already scheduled for HCO under question, the complaint shall be forwarded to Principal assessor for evaluation. His / Her comments are received along with the assessment report shall be placed before Accreditation Committee for further action.

If the complaint is found invalid, the complainant as well as the HCO shall be informed accordingly. The Committee shall exercise the right to dispose it off at this stage.

The concerned program officer of the HCO shall be informed about the decision / action taken.

Complaints against the applicant or accredited/certified/ empaneled HCOs shall be disposed of within 60days.

4.3 Reporting on Complaints and other Related Actions

4.3.1 As an outcome of investigation of complaint and corrective action if felt necessary; the Complaints Committee shall inform the HCO Quality Team and corrective action shall be initiated by the HCO in line with the requirements of Procedure for Control of Non-Conformities and Corrective Action.

4.3.2 All records pertaining to complaints shall be maintained by the Complaints Committee as per NABH Policy on Retention of Records. The status of complaints shall be reported to the CEO, NABH, who is responsible for monitoring of complaints.

4.3.3 The Complaints Committee shall analyse all the complaints and their outcome. If this analysis reflects certain trends, the trend and remedial measures will be reported to NABH Board. The findings from the complaints become the basis of continuous quality improvement for NABH, wherever appropriate.

5.0 Records

5.1 Complaints record shall be maintained in Complaints register.

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
& HEALTHCARE PROVIDERS (NABH)**

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