

Revised Occupancy Norms for NABH Accreditation & Certification for Hospitals

1. Eligibility Conditions

While applying for NABH accreditation or certification, a Healthcare Organizations must fulfil both of the following mandatory eligibility conditions:

#	Condition	Explanation
1	Hospital must be operational for at least 6 months	The hospital must have been formally inaugurated and providing inpatient services continuously for a minimum period of 6 months.
2	NABH standards must be implemented for a minimum of 3 months	The Healthcare Organizations must have formally adopted and begun implementing NABH standards — including documentation, processes, and staff training — for at least 3 continuous months.

IMPORTANT Both conditions must be satisfied simultaneously. Meeting only one is insufficient. The 3-month NABH implementation period may run concurrently with the 6-month operational period, but both timelines must be independently fulfilled.

2. Minimum Average Bed Occupancy Requirements

The revised minimum average bed occupancy requirement applicable for the First Cycle are as follows:

Programme	Assessment Type	Minimum Occupancy	Reference Period
A. Accreditation Programme	Final Assessment (1st Cycle)	Minimum 20%	Last 3 months
B. Certification Programme	Final Assessment (1st Cycle)	Minimum 20%	Last 3 months

Key points to note for the First Cycle / Final Assessment:

- The minimum requirement is 20% average bed occupancy.
- This 20% is calculated over the last 3 months.
- Only operational beds are counted in the denominator
- The calculation covers all inpatient days including days when a patient was admitted and discharged/expired on the same day.

3. Understanding Operational Beds

3.1 Definition of an Operational Bed

A bed is counted as an 'operational bed' only when ALL four of the following conditions are simultaneously met:

Criterion		What This Means in Practice
1	Set Up	The physical patient bed (cot/stretchers/mattress) is in place within the designated ward/room. A bed in a store or a room under renovation does NOT qualify.
2	Staffed	Adequate nursing and support staff are available and assigned to that bed/ward to provide patient care. A bed in a fully equipped but unstaffed ward does NOT qualify.
3	Equipped	Necessary basic equipment is available and functional at that bed location — including call bell, oxygen point or portable oxygen availability, suction facility, IV stand, and emergency drugs at ward level.
4	Available 24x7	The bed is available round-the-clock, every day of the week, for patient admission. Beds earmarked only for select hours, OPD procedures, or 'future use' do NOT qualify as operational beds.

3.2 Sanctioned vs. Operational Beds

A hospital may receive government sanction (registration/license) for a certain number of beds. This 'sanctioned' or 'licensed' bed count reflects the maximum permissible capacity as approved by the state licensing authority. However, not all sanctioned beds will necessarily be operational at any given time.

Common reasons for the gap between sanctioned and operational beds include:

- Beds in wards under construction or renovation
- Beds in departments not yet commissioned (e.g., ICU equipped but not yet staffed)
- Beds kept as 'future expansion' stock
- Beds in isolation rooms not yet approved/activated
- Beds not yet operationalized

RULE

For occupancy calculation, ONLY operationally active beds (meeting all 4 criteria above) count in the denominator. Sanctioned but non-operational beds must be excluded.

4. Example Case: 30-Bed General Hospital (Inpatient)

4.1 Hospital Profile

Parameter	Details
Hospital Name	XYZ Multi-Specialty Hospital (Example)
Type	Private, General Hospital
Sanctioned Beds (as per license)	30 Beds
Date of Inauguration / Commencement of Services	July 1, 2025
Scope of Services	General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics, Orthopaedics

4.2 Sanctioned vs. Operational Bed Breakdown

While the hospital has 30 sanctioned beds, not all were operational from Day 1. The table below illustrates a realistic scenario:

Ward / Department	Sanctioned Beds	Operational Beds	Reason for Difference (if any)
General Medicine Ward	8	8	Fully set up, staffed, and equipped from Day 1.
General Surgery Ward	8	6	2 beds in a side room still under renovation
Obstetrics & Gynaecology Ward	6	6	All beds operational; includes 2 labour room beds counted as inpatient beds.
Paediatrics Ward	4	2	2 beds operational; 2 beds earmarked for NICU expansion not yet commissioned.
Orthopaedics Ward	4	4	All beds fully operational.
TOTAL	30	26	4 beds excluded from calculation (non-operational)

KEY FIGURE

For occupancy calculation, the denominator = 26 Operational Beds (NOT 30 sanctioned beds). The 4 non-operational beds are excluded.

4.3 Eligibility Timeline

Let us trace the eligibility timeline for XYZ Multi-Specialty Hospital:

Milestone	Date	Calculation / Remarks
Hospital Inauguration / Start of Operations	July 1, 2025	Day 1 of hospital operations.
Earliest date hospital becomes 6 months old	January 1, 2026	July 1, 2025 + 6 months = January 1, 2026.
NABH Standards Implementation Begins	October 1, 2025	Hospital began formal documentation and standard implementation.
Earliest date 3 months of NABH implementation is complete	January 1, 2026	October 1, 2025 + 3 months = January 1, 2026.
Occupancy Reference Period	Preceding 3 months	

4.4 Calculating Average Bed Occupancy

Formula

$$\text{Average Bed Occupancy (\%)} = \frac{\text{Total Inpatient Days in the Period}}{\text{Available Bed Days in the Period}} \times 100$$

Key definitions used in the formula:

- **Inpatient Day:** A unit of measure representing lodging and services rendered to one inpatient between two consecutive census-taking periods (typically midnight to midnight). A patient admitted and discharged/expired on the same date counts as 1 inpatient day.
- **Available Bed Days:** Number of operational beds multiplied by the number of days in the reference period. For a 3-month period, this is: Operational Beds × (number of days in those 3 months).
- For patients transitioning from Observation to Inpatient status, the inpatient day count starts from the date of formal inpatient admission, not the observation start date.

Worked Calculation — Example

Assume XYZ Multi-Specialty Hospital's Final Assessment is scheduled for March 1, 2026. The occupancy reference period is December 1, 2025 to February 28, 2026 (91 days).

Ward	Operational Beds	Available Bed Days (× 91 days)	Inpatient Days (Dec-Feb)	Ward Occupancy %
General Medicine	8	728	182	25.0%
General Surgery	6	546	120	22.0%
Obstetrics and Gynaecology	6	546	140	25.6%
Paediatrics	2	182	38	20.9%
Orthopaedics	4	364	80	22.0%
TOTAL / OVERALL	26	2366	560	23.7%

Calculation:

- Total Inpatient Days = 182 + 120 + 140 + 38 + 80 = 560
- Total Available Bed Days = 26 beds × 91 days = 2,366
- Average Bed Occupancy = $(560 \div 2,366) \times 100 = 23.7\%$

RESULT	23.7% average bed occupancy exceeds the 20% minimum threshold required for the First Cycle Final Assessment. XYZ Multi-Specialty Hospital MEETS the occupancy criterion.
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5. Scope of Services: Assessment Eligibility

5.1 Rule for Individual Super-Specialty Inclusion

Hospitals may have multiple departments/specialties in their scope of services. For a particular super-specialty to be included in the scope of NABH accreditation or certification, the following condition must be met, independent of overall bed occupancy:

RULE	A minimum of 3 cases in the concerned super-specialty must be available for review over a 6-month period preceding the assessment.
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This means that even if overall bed occupancy is adequate, a department with fewer than 3 cases in 6 months cannot be included in the scope of accreditation/ certification.

5.2 Worked Examples: Scope of Services Assessment

Continuing with the XYZ Multi-Specialty Hospital example, assume the hospital applies for Final Assessment on March 1, 2026. The 6-month reference period for case count is September 1, 2025 to February 28, 2026.

Department / Specialty	Cases in 6 Months (Sep 2025 – Feb 2026)	Meets 3-Case Threshold?	Assessment Outcome
General Medicine	68	Yes	Included in scope of accreditation/certification.
General Surgery	44	Yes	Included in scope of accreditation/certification.
Obstetrics & Gynaecology	52	Yes	Included in scope of accreditation/certification.
Paediatrics	24	Yes	Included in scope of accreditation/certification.
Orthopaedics	30	Yes	Included in scope of accreditation/certification.
Neurology (if added later)	2	No	NOT eligible for inclusion. Less than 3 cases. Excluded from scope.
Nephrology (if added later)	0	No	NOT eligible for inclusion. No cases in 6-month period.

Important clarification:

- The 3-case minimum applies per super-specialty and is assessed independently for each department.
- Meeting the minimum cases threshold allows the department to be assessed; it does not guarantee inclusion — assessors will evaluate the quality of documentation and care delivery for those cases.
- If a department does not meet the 3-case threshold, it is simply excluded from the current accreditation/certification scope. The hospital can still proceed with accreditation/certification for eligible departments.

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