

SAMPLE OF ACTIVITIES IN THE PREPARATION FOR CBAHI ACCREDITATION PROCESS



THE LOGO OF PROFESSIONALISM



لقاءات الأونلين الأسبوعية والتقييم

- أيام اللقاءات : لقاءان في الأسبوع لإعطاء فرق العمل بالمجتمع فرصة للبدء في تجهيز الانتقال للممارسات التي تم شرحها قبل اللقاء القادم.
- الساعة : تحدد بالتنسيق مع مدير المجتمع ومشرف الجودة بالمجتمع.
- سيتم تقييم لمستوى معرفة وأداء فرق العمل بالتنسيق بين المستشار ومشرف الجودة في المجتمع لكل معيار.
- سيتم الرفع بنتائج التقييم لمدير المجتمع لمعرفة مستوى التقدم مع فرق المجتمع.
- زيارة ميدانية (Mock Survey) لتقييم التجهيزات والممارسات للمجتمع من قبل مستشار من الشركة للوقوف على مستوى التغيير والتقدم وتلمس أي فجوات لتصحيحها بعد انتهاء .





مهام مدير الجودة وقادة الفرق بالمجمع



مهام مدير الجودة بالمجمع

العمل كمستشار لمدير
المجمع وفرق المجمع.

الإلهام بكافة المعايير الخاصة
بالاعتقاد من معرفة وتوكن
عالي في الممارسات المطلوبة
لكل معيار.

ضبط وتنسيق وحفظ كافة
المستندات، والسياسات،
والإجراءات، والنماذج. الخاصة
بكل معيار لكل فريق عمل.

متابعة فرق العمل، وتوفير
التجهيزات والمعدات
والمستلزمات والأدوات
المطلوبة.

متابعة أعمال الترميم وحث
المقاول للالتزام بالموصفات
التي تتطلبها المعايير.

الارتباط الفني بالمستشارين
في المشروع من الشركة.

احتواء أي مقاومة للتغيير، قد
تظهر أثناء الإعداد والتجهيز.

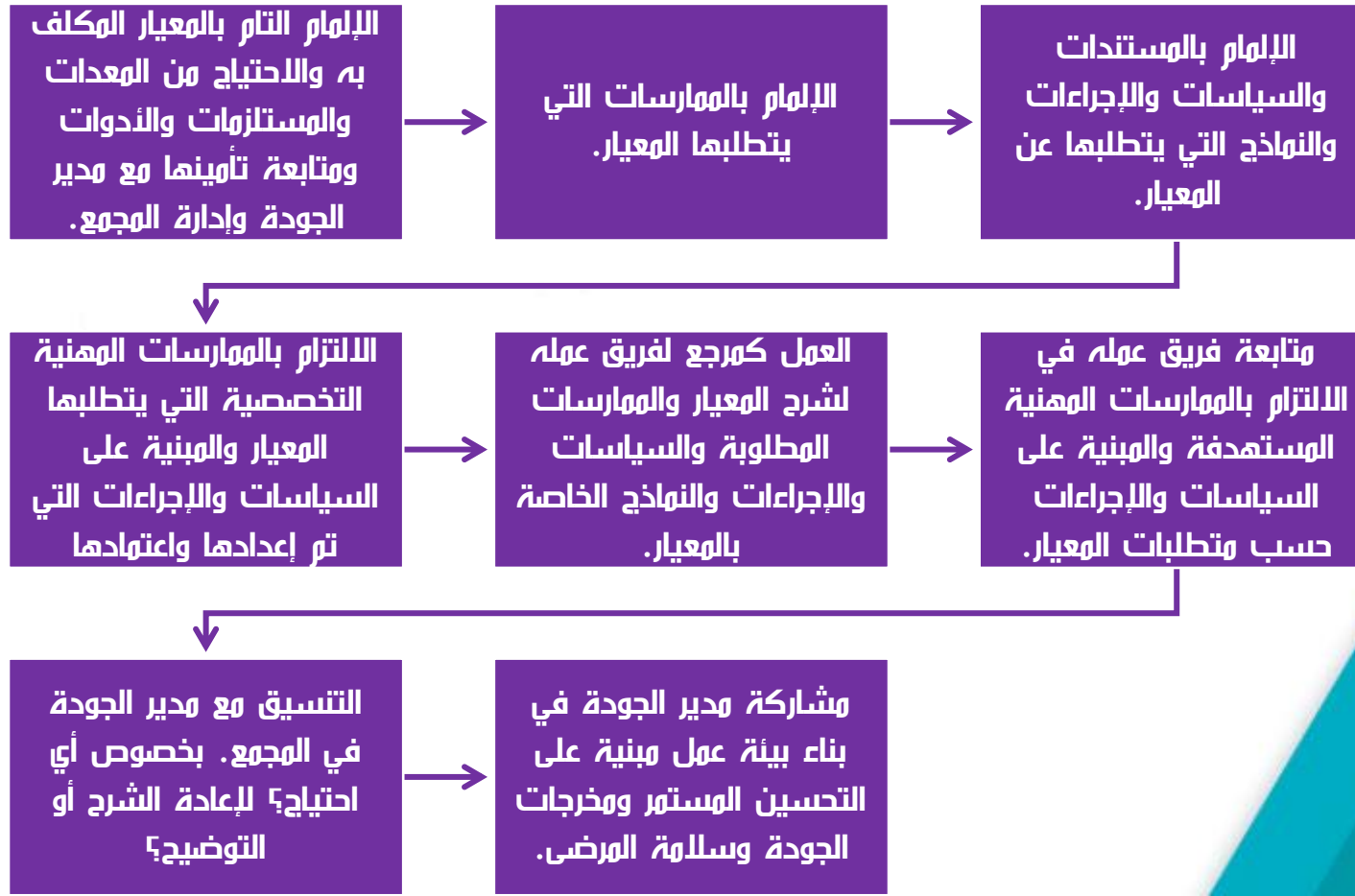
الرفع لمدير المجمع بالإنجازات
والإخفاقات من قبل فرق
العمل في المجمع.

العمل كمدبر للعقد ومتابعة
بنوده.

عطاء

بلا حدود

مهام قائد الفريق بالمجمع



عطاء
بلا حدود



Governance structure and function.

Organizational structure.

Strategic planning and budgeting.

Human resource management.

Patient and family rights.

Quality improvement and patient safety program.

Risk management program.

Contracted services

Committees

HR



- Recruitment process & Manpower Plan.
- Staff credentials (education, training, experience) verification.
- Licensure and registration verification.
- Credentialing of all staff.
- Job description.
- Privileging of medical staff.
- Orientation (general and departmental).
- Continuous education .
- Performance evaluation.
- Staff Medical Check-Up.
- Staff File.



Management of Information

Functional distribution
of medical records
storage area.

Compliance with
medical records
documentation
requirements

Records analysis area.

Daily pulling out of
files, analysis and
storage.

Confidentiality, safety
and security of medical
records stored in the
unit.

Informational
technology data center
(safety, security and
integrity of data).

Safety Requirements.

Managing incomplete
& duplicate records.

MOI plan.

Policy on writing in
medical records.

Approved abbreviation
list.

Timeliness, use of
abbreviations and
symbols.

Regulatory bodies'
required documents.

Down Time Policy.





OPD



| Mnemonics | |
|--|--|
| Patient Assessment A—Airway B—Breathing C—Circulation D—Disability E—Expose | Rapid Triage A—Alert V—Responds to Verbal P—Responds to Pain U—Unresponsive |
| Altered Mental Status A—Alcohol/Drugs E—Endocrine I—Infection O—Overdose U—Uremia T—Trauma I—Infection P—Psychiatric S—Shock | Pain Questions O—Onset P—Provoked/Palliative Q—Quality/Character R—Region or Radiation S—Signs/Symptoms/ Severity T—Time of Onset/ Duration/Intensity |
| History-taking S—Signs & Symptoms A—Allergies M—Medications P—Pertinent Past Hx L—Last meal E—Events | Newborn Assessment A—Appearance P—Pulse G—Grimace A—Activity R—Respirations |

Patient assessment.

List of interventions requiring informed consent.



Patient transfer for higher level care in the same complex and/or other hospitals.

Clinical practice guidelines.

Ambulance transfer from OPD.



OPD



Patient assessments.

- Care planning .
- Pain, nutritional needs, and functional needs Screening.
- Allergies and chronic infections.
- Consultations.
- Consent.
- Patient and family education.
- Lab and radiology results.
- Prescriptions.



Reception



Reception Staff:

Patient registration
and appointment
system.

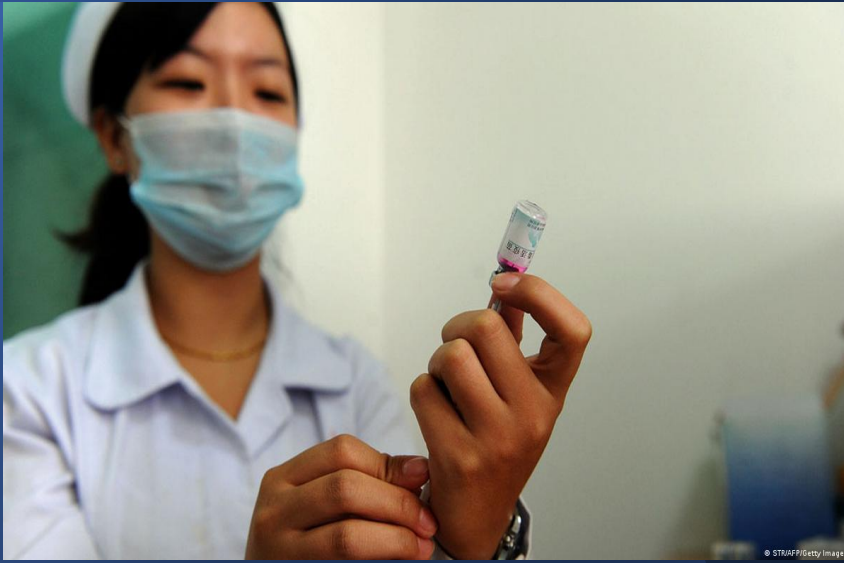
Supporting patients to
choose the right
services, if needed.

Screening of
communicable
diseases.

Role in emergency &
fire.

Measures in case of
electrical failure or
computer outage.





Nursing.



- **Correct patient identification.**
- **Turnaround time for investigations.**
- **Reporting of critical values.**
- **Disinfection of clinics equipment's, & tools.**
- **Practices in cardiopulmonary arrest.**
- **Crash cart management.**
- **Medication management: preparation and administration**
- **Patient transfer Process P&P.**
- **Role in case of fire.**
- **Process & practices for staff sharps injury.**
- **Effectiveness of point of care testing.**
- **Required Competencies by department.**





Physicians



Correct patient identification.

Patient assessment and care planning.

Consultation process between specialties.

Safe prescribing of medications.

Turnaround times for investigations.

Informed consent.

Patient and family education.

What to do in case of cardiopulmonary arrest.

Reporting of medication errors, allergic reactions and adverse events.

Disclosure to patient and family following incidents.

Role in case of emergencies and/or fire.

Effectiveness of point of care testing.

Clinical practice guidelines.



Support Services.

Housekeeping
staff:

Orientation to the
Ambulatory Care Center
and educational topics
received.

Chemicals used
for cleaning.

Chemicals used
for disinfection.

Cleaning
schedules.

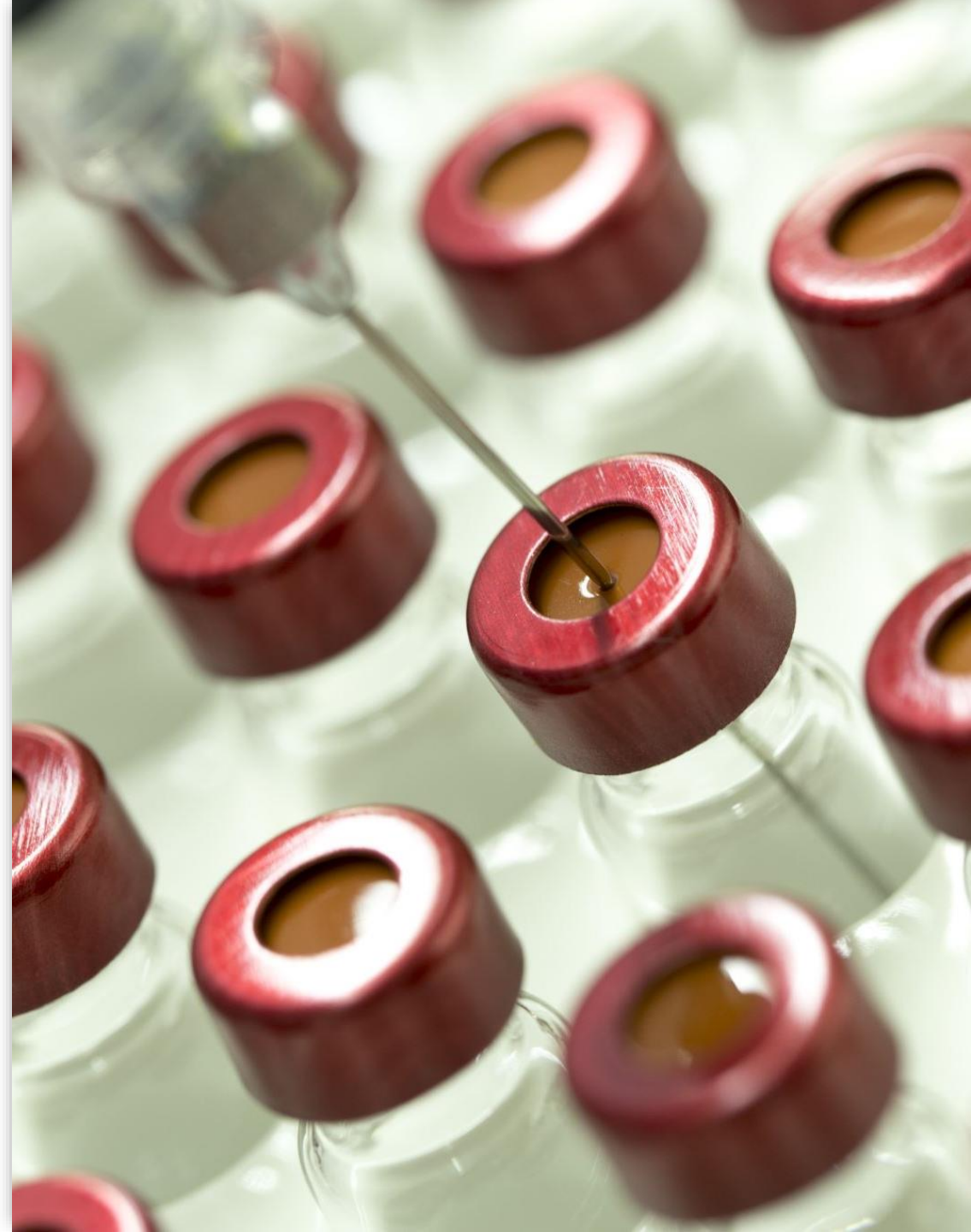
What to do in
chemical,
blood/body
fluid spills.

Waste
management.

Stores
arrangements.

Security
Department.

Ambulances
Readiness.





Infection control



Infection control program involves all patient care areas, & available to all staff

Disinfection and sterilization.

Handling of sharps

Infectious materials and waste disposal

Prevention and management of patients' and workers' exposure to healthcare-associated infections

Laundry and linen management processes

Renovation projects guidelines.

7 Practices for support services departments. .





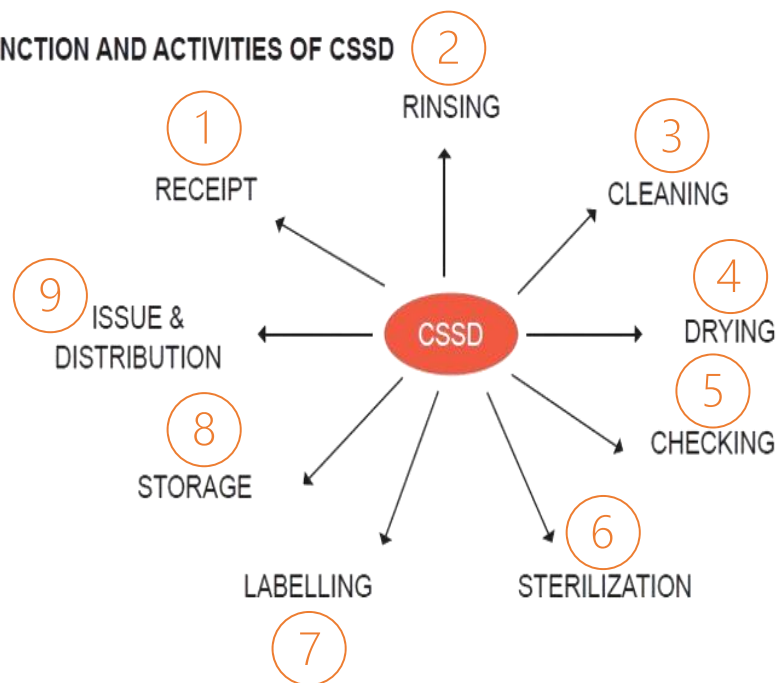
Infection Control

- Infection Control Committee, and PP's.
- Staff Knowledge Transfer and Continuous Practices Empowerment.
- list of communicable diseases (all staff).
- Reporting a communicable diseases? (all staff)
- Communicable diseases MR Documentation.
- Hand hygiene monitoring program.
- Infection Control Improvement Projects.





FUNCTION AND ACTIVITIES OF CSSD



Documentations.

PP's & Forms.

List of used hazardous materials & precautions in place.

Journey of contaminated instruments to be sterilized .

Handling of sharps.

Infectious materials and waste disposal.



| | |
|--|--|
| Explosive | |
| Flammable | |
| Oxidising | |
| Corrosive | |
| Acute Toxicity | |
| Hazardous to the environment | |
| Health hazard/Hazardous to the ozone layer | |
| Serious health hazard | |
| Gas under Pressure | |



Laboratory



Patient identification before sample collection or receiving samples.

Specimen labelling.

Specimen rejection.

Turnaround times for results.

Reporting of critical results.

Quality control.

Proficiency testing.



Empowering Lab Practices.



**Outsourced
services.**



**Effectiveness of
Point of care
testing.**



**Periodic preventive
maintenance for
equipment.**



**Waste
management.**



**What to do in case
of fire.**



**Disinfection of
patient equipment
in-between
patients.**



**What to do in case
of cardiopulmonary
arrest.**



**Crash cart
management.**



Lab Documents.



Laboratory services and specimen manual.



Contract for outsourced services.



Policy for quality control.



Policy for proficiency testing.



Policy for reporting of results.



Infection control program.



Safety program.

Good Documentation Practices for Laboratories



Why is it needed?



- * The main purpose is to ensure that there is an audit trail for every single task in the laboratory
- * It can be reagent procurement, material sourcing, experimentation, storing, disposal
- * As long as it's documented, there's proof showing that the task happened

What does it cover?



- * Data accuracy - Make sure data is recorded properly, stored properly, no error in entries, cross checked
- * Data integrity - Data needs to be true, recorded in the presence of a witness, relevant to the recording equipment & cannot be changed after recording
- * Data recording - Continuously recorded, real time records with data stamps
- * Data legibility - Must be legible, clear, and accessible
- * Identification - The data must be recorded along with personnel's name; information must be discreet & accessed based on authority & credential

Types of documents



- * Types: Primary documents, Supporting documents, Subsidiary records, Quality control records
- * Examples: Analytical Methods, Batch Records, Bills of Materials (BOMs), Certificate of Analysis (CoA), Certificate of Compliance (CoC), Laboratory Notebooks, Logbooks, Policies, Standard Operating Procedures, Test Methods, Training Documentation, Validation Documents (IQs, OQs and PQs)

Additional aspects



- * Use a signature logbook
- * Record your signature against your name & only use that signature across all documents
- * It helps in easy identification of laboratory personnel and creates a tight audit trail

Radiology

Objectives

Structure complies with safety, security and infection.

Safety Practices and reports.

Infection control and safety practices.

Equipment maintenance and quality control documents.

Daily equipment checks, quality control practices and reporting.

Test results.



Radiology



Layout, reception area, safety signs and warnings, aprons, emergency exits.

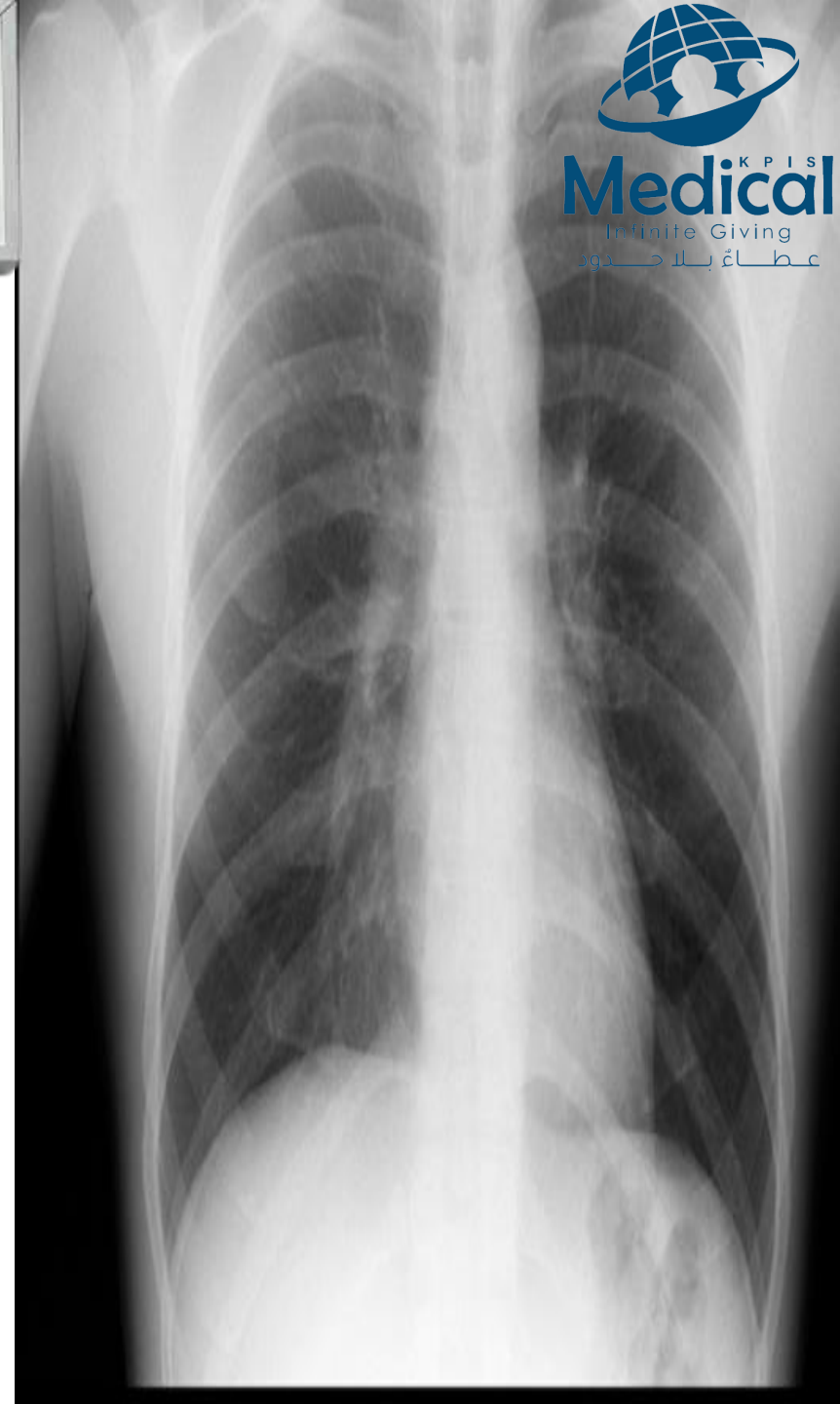


Thermoluminescence dosimeters (TLD) cards.

Proper Use of
TLD Badge



Storage of contrast media/hazardous material.



Radiology

Empowering Staff

**Outsourced
services.**

**Radiation safety
program.**

**Equipment testing
and preventive
maintenance.**

**Role in Emergency
or fire.**

**Correct patient
identification.**

**Disinfection of
patient equipment
in-between
patients.**

**Role in
cardiopulmonary
arrest.**

**Crash cart
management.**





Radiology



**Update
Documents.**



**Scope of
services.**



**Contract for
outsourced
services.**



**Radiology safety
program.**



**TLD cards'
results.**



**Equipment
operation and
service
manuals.**



**Equipment
periodic
preventive
maintenance.**



**Periodic testing
of radiation
protection
aprons.**



Dental Services



OBJECTIVES



**ENSURE THE DENTAL
UNIT STRUCTURE
COMPLIES WITH
SAFETY, SECURITY
AND INFECTION
CONTROL**



REQUIREMENTS.



**INFECTION CONTROL
AND SAFETY
PRACTICES.**



**EQUIPMENT
MAINTENANCE AND
QUALITY CONTROL
DOCUMENTS.**



**DAILY INFECTION
PREVENTION
PRACTICES AND
DISPOSAL OF DENTAL
WASTE.**



Dental Services

Patient identification.

Patient assessment & Plan of care.

Proper Documentation.

Patient involvement.

Prescriptions.

Patient / family education.

Dental room layout for infection control.

Dental assistants.

Infection control practices.

Staff identification & ID badges.

Safety measures in dental lab.

Availability of radiation protection aprons.



Dermatology & Aesthetics Medicine

Infection control program.

Assessment, Care planning & Patient Involvement.

Medical Records Documentation:

Patient assessment & Care planning.

Practices Standards.

Patient / family education.

Equipment Preventive Maintenance, Training & Skills.

Prescriptions.





Medication Management



Drugs formulary.

Pharmacy structure & involvement complies with safety and security of medications.

Medication preparation complies with infection control requirements.

Medication preparation practices including handling of narcotic medication.

Role in medication safety practices, reporting of medication

Errors, and adverse drug reactions.

Reporting of medication errors

Managing incomplete and inappropriate prescriptions.

Medication expiry dates including multi-dose vials.

Storage of “LASA” and high alert medications.

Storage of expired medications.



Required from All Teams



Collaboration is highly required.

Determination & Insistent by all FMCP teams.

Apply new practices immediately after meeting.

Do not assume, **ASK**.

Some Standards require repetition, or unnatural practice from your point view, **JUST CARRY OUT AS STATED BY THE Standard**.

All Standards are found for Staff & Patient Safety.

Support each others in all departments to achieve accreditation.

Incident Report against any staff **IS NOT A COMPLAIN, BUT A WINDOW FOR IMPROVEMENT**.

Obtaining Accreditation will be an added value in everyone CV.

ALL TEAMS ARE ONE TEAM THAT HAS ONE TARGET WHICH IS IMPROVEMENT AND OBTAINING ACCREDITATION.



A Fruitful
Journey
which
impacts
Lasts.



CBAHI

المركز السعودي لاعتماد المنشآت الصحية
Saudi Central Board for Accreditation
of Healthcare Institutions

