



CBAHI

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

Ambulatory Care Centers Accreditation Guide (2nd Edition) 10th Oct. 2021



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Introduction

The Ambulatory Care Centers Accreditation Guide serves as a reference for Ambulatory Care Centers and surveyors in using the National Standards for Ambulatory Care Centers. The guide is designed to facilitate learning and understanding of the Ambulatory Care Centers' accreditation and survey process. It delineates the steps of completing the self-assessment to assist Ambulatory Care Centers to determine their level of readiness for an accreditation survey. The guide provides a clear explanation on how the standards, standard goals, and sub-standards are used as evidences of compliance. It illustrates how the different survey tools and activities are used by the surveyors with regards to the rating scale and summarizes the pathway towards accreditation of the Ambulatory Care Center; including maintenance of the center's accreditation status once the survey is completed.

To fulfill our mission for driving continuous improvement, the Ambulatory Care Centers Accreditation Guide will be a dynamic process where revisions shall be communicated to the Ambulatory Care Centers in a timely manner. The CBAHI leaders are hopeful that the Ambulatory Care Centers will find the guide beneficial and enable them to demonstrate compliance with the Ambulatory Care Centers Standards.

Registration with CBAHI

All Ambulatory Care Centers are required to register with CBAHI through the following steps:

- Access www.cbahi.gov.sa through your computer address bar.
- Choose "Health Care Facility" and select "Login".
- Click on the icon "register to become a CABHI Accredited Healthcare Facility".
- Enter the Ambulatory Care Center's information.

After completing all required information:

- Type the security numbers as they appear on the bottom left of the page.
- A message about completion of registration will be displayed specifying the username and password.
- Use the specified username and password to access the CBAHI portal.

After completing the registration process:

- Access your center portal: www.cbahi.gov.sa/ambportal
- Use the username and password received during the registration process.



Scope of Accreditation Survey

The scope of the CBAHI survey includes all standards-related functions of the ambulatory care centers. Each survey is tailored to the type, size and range of services offered by each specific Ambulatory Care Center. The CBAHI staff determine the applicable standards from the Ambulatory Care Center Standards based on the scope of services provided at the time of survey. Additionally, the on-site survey team considers the specific applicability of individual standards and/or chapters.

The following chapters are considered mandatory for all Ambulatory Care Centers:

- Leadership of the Organization (LD)
- Provision of Care (PC)
- Medication Management (MM)
- Management of Information (MOI)
- Infection Prevention and Control (IPC)
- Facility Management and Safety (FMS)



Goal of the Accreditation Survey

The goal of the survey is to determine if the Ambulatory Care Center complies with CBAHI accreditation standards. CBAHI surveyors provide education and consultation to the Ambulatory Care Center staff throughout the survey as indicated to help them improve their clinical and administrative processes.

Assessment of Compliance

CBAHI expects substantial compliance with all applicable standards. The surveyors assess compliance with the standards through a combination of data sources that include at least one of the following:

1. Interviews with hospital leadership, clinical and support staff, patient and family. Observation of patient care and services provided.
2. Building tour and observation of patient care areas, building facilities, equipment management, and diagnostic testing services.
3. Review of written documents such as policies and procedures, orientation and training plans and documents, budgets, and quality assurance plans.
4. Review of personnel files.
5. Review of patients' medical records.
6. Evaluation of the center's achievement of specific outcome measures (e.g., infection rates, patient satisfaction) through a review and discussion of monitoring and improvement activities.



Accreditation Decision Rules

To become accredited, the Healthcare Facility (HCF) must meet all applicable standards at an acceptable level. CBAHI utilizes a multilevel process for making accreditation and reaccreditation decisions. This is to ensure fairness, consistency, objectivity, and accuracy. Therefore, CBAHI benefits from any relevant report and/or significant findings or issues of concern related to the surveyed facility that were brought to its attention by relevant health authorities or past accreditation surveys.

Accreditation decisions are released and communicated to the HCF within thirty (30) days after the conclusion of the survey visit. The accreditation decision-making process is based on:

- The findings of the survey team members as recorded in the survey report.
- Discussions between the surveyor and the specialty team leader (STL) regarding the survey findings.
- Review of the draft report by the participating HCF for feedback or correction of any issues of fact before the accreditation decision is made.
- Review/discussion during the meeting of the Accreditation Decision Committee (ADC). This committee may request additional evidence before making a final recommendation for the accreditation decision. All accreditation decisions are then ratified by the CBAHI Director General.

It is important to note that the decision to grant accreditation is based primarily on the findings of the on-site survey as recorded by the surveyors in the survey report. The overall numerical score the HCF obtains is only one important factor upon which the Accreditation Decision Committee (ADC) members rely when making their recommendation. Other factors are:

- Criticality of the non-compliant standard(s), for example the degree of severity and immediacy of risk to patients, visitors or staff safety.
- Any concerns regarding the non-compliant standard(s), for example the degree of severity and immediacy of risk to patients, visitors or staff and the facility.

When a CBAHI surveyor notices an immediate threat, whether or not it is directly linked to the standards, the survey team leader will directly notify the HCF director and include the



findings in the survey report.

Each standard is composed of a stem statement and sub-standard(s). The sub-standard is the evidence of compliance to be scored by the surveyor during the on-site survey. Each sub-standard has an equal weight and is scored on a three-point scale as follows:

- 0 = Insufficient Compliance (less than 50% compliance with the standard).
- 1 = Partial Compliance (50% to less than 85% compliance with the standard; not applicable to the core standards).
- 2 = Satisfactory Compliance (85% and more compliance with the standard).
- N/A = Not Applicable

The score of each **standard** is calculated using the sum of the scores of the sub-standards divided by the maximum score of all the sub-standards. The **overall** score of the HCF is calculated using the sum of the scores of all the applicable sub-standards divided by the maximum score.

When one or more chapters of the Ambulatory Care Standards are not applicable to a particular HCF, they are indicated by “N/A.” Non-applicable chapters are not scored and are not included in either the numerator or denominator of the overall score.

The Accreditation Decision Committee (ADC) shall recommend any of the following accreditation decisions:

Accredited

Accreditation will be awarded when the surveyed HCF demonstrates an overall satisfactory compliance with all applicable standards at the time of the initial (or re-accreditation) on-site survey, and when there are no issues of concern related to the safety of patients, staff, visitors or the facility itself. Accreditation will also be recommended when the HCF has successfully addressed all post-survey requirements and does not meet any rules for denial.

Scoring Guidelines:

- Overall score 75% or above.
- All core standards not scored less than 50%.



Denial of Accreditation

Denial of accreditation results when significant noncompliance is demonstrated with the accreditation standards at the time of the on-site survey. It also results if one or more of the other reasons leading to the initial denial of accreditation have not been resolved. When the HCF is denied accreditation, it is prohibited from participating in the accreditation program for a period of six months unless the Director General of CBAHI, with good reason, waives all or a portion of the waiting period.

Accreditation may be denied as a result of one or more of the following issues:

- Overall score less than 75%, or one or more of the core standards scored less than 50%.
- Presence of an immediate threat to the safety of patients, visitors or staff that is observed by CBAHI surveyors during the on-site survey.
- Significant noncompliance with the accreditation standards at the time of the on-site survey.
- Failure to submit the post-survey requirements in a timely manner.
- The HCF was subjected to a focused survey but still could not meet the requirements for accreditation.
- Reasonable evidence exists of fraud, plagiarism or falsified information related to the accreditation process. Falsification is defined as the fabrication of any information (given by verbal communication or paper/electronic document) provided to CBAHI by an applicant or accredited HCF through redrafting, additions or deletions of a document's content without proper attribution. CBAHI perceives plagiarism as the deliberate use of other HCF original (not common knowledge) material without acknowledging its source.
- Refusal by the HCF to allow a survey to be conducted.

Special Scoring Considerations

- A selected group of standards have been assigned as core standards indicated with a colored (C) in the Ambulatory Care Standards. Compliance with the core standards is determined by applying an all or none rule (full score or zero) during the on-site survey. There is no partial compliance for core standard.



- Criticality of a non-compliant standard (the degree of severity and immediacy of risk)
 - When a CBAHI surveyor notices an immediate threat to patients, visitors, staff or building safety, whether directly linked or not linked to the standards, the surveyor notifies the team leader. The survey team leader then notifies the Ambulatory Care Center's director and includes the findings in the survey report. The criticality of non-compliant standards affects the accreditation decision and require interventions as detailed in the accreditation policies section of the Ambulatory Care Center Standards. Examples of an immediate threat to safety or quality of care include:
 - A Healthcare provider is entering an isolation room without proper Personal Protective Equipment (PPE).
 - The use of an expired medication.
 - Bare electrical wire is exposed without any protection.
 - A patient is not properly identified.



Ambulatory Care Centers' Responsibilities

Survey Visit Coordinator

The Ambulatory Care Center selects a person to serve as the “survey visit coordinator” to handle the logistics of the survey visit. The survey visit coordinator serves as the liaison with CBAHI's Healthcare Accreditation Department (HAD) and the visit team leader (VTL) regarding the survey visit arrangements.

Survey Team

A list of survey team members, with their biographies, is sent to the Ambulatory Care Center prior to the survey visit. The Ambulatory Care Center contacts CBAHI promptly if any surveyor is deemed to be inappropriate due to conflict of interest or other valid reasons. No surveyor can specifically be requested to conduct a survey in line with maintaining objectivity.

Travel Arrangements

CBAHI arranges the survey team's hotel and flight reservations. All flights are booked for the night before the survey. A list of assigned surveyors with their flight details and mobile numbers is sent to the Ambulatory Care Center's survey visit coordinator prior to the survey. The Ambulatory Care Center arranges transportation from the airport to the hotel, from the hotel to the Ambulatory Care Center, and to any remote sites as part of the survey visit. The visit team leader and survey visit coordinator determine where and when the team should be picked up or met at the hotel. At the conclusion of the survey visit the Ambulatory Care Center arranges the transportation from the hotel to the airport according to the departure time/s of the surveyors.

Staff Involvement

A well-conducted survey requires important information from a broad range of staff for the deliberations by the survey team. The survey team members interview different categories of staff on a variety of topics to ensure that the team has access to representative information related to staffs' implementation of CBAHI standards.



Conflict of Interest

CBAHI works to ensure the integrity and fairness of all businesses run by the employees working in the central office as well as the surveyors. In addition, all healthcare facilities engaged in CBAHI accreditation process are required to refrain from any actual or potential act or behavior that might create a conflict of interest including:

- Proposing any fee, remuneration, gift, or gratuity of any value to CBAHI employees or surveyors for performance of their duties or survey-related activities.
- Employing or contracting or having any financial relationship with CBAHI employees or surveyors for the purpose of the provision of consulting or related services in any capacity, either directly or through another party. This includes services provided in preparation for the survey, assisting in preparation of the self-assessment, conducting mock surveys, helping in the interpretation of the standards, or other similar activities. All requests for consulting services utilizing one of the CBAHI associates shall be directed to CBAHI central office.
- Not declaring to CBAHI any business (including consulting) or recruiting relationship with one or more of CBAHI surveyors either directly or through another party with whom he or she is affiliated, at any time during the preceding three (3) years.

Survey Logistics

The Ambulatory Care Center provide appropriate logistics that include the following:

- A workroom that is large enough for the survey team members to review documents and leave computers and binders. The workroom is furnished with a desk or table, access to electrical outlets and internet.
- A workroom for group meetings and interviews with leadership and staff as specified in the survey agenda.
- Assigning a counterpart, who is a responsible person in the same specialty, to each surveyor for the duration of the survey.

Center's Observers

When the Ambulatory Care Center's team includes an observer(s), who may represent a consulting firm or staff from another ambulatory care center, the Ambulatory Care Center must inform CBAHI and obtain official approval prior to the accreditation survey. Should approval



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be granted, the afore mentioned observer(s) are not allowed to participate in the survey visit activities.

CBAHI Observers/Mentors

One or more observers or mentors may join the CBAHI survey team as part of the surveyors' training process. Observers and mentors from the CBAHI side will be included in the list of surveyors sent to the center prior to the survey.



CBAHI Survey Process

Overview

This section details the various activities of an ambulatory care center survey. For a better understanding of the accreditation survey process, the survey related activities are organized into three sections:

- Pre-Survey Activities
- On-Site Survey Activities
- Post-Survey Activities

Pre-Survey Activities

Enrollment for Survey

The accreditation process begins with selection of the ambulatory care centers to be surveyed. Each year, CBAHI selects the centers to be enrolled in the accreditation program. CBAHI sends a letter of enrollment to the selected centers to start their application process.

Application for Survey

After completion of the enrollment process, the ambulatory care centers selected for the accreditation process complete the Survey Application Form available on the CBAHI portal. This form collects information regarding the organization, its facilities and services to establish the ambulatory care center's profile. The form is divided into sections with guidelines to facilitate accurate completion of the form. The access to the e-Application is provided by CBAHI to the intended ambulatory care centers. The encoded data may be saved in stages and updated as needed. The Survey Application Form is completed as follows:

- Open the web browser e.g., Internet Explorer.
- Type www.cbahi.gov.sa/ambportal in the address bar
- Enter your username and password.
- Complete and submit the center demographic questionnaire.
- Under the “Survey Process” menu, select “Apply for a New Survey”
- Fill the required information and submit to CBAHI.



Update of Application Information

The Ambulatory Care Center is made aware that planning of the surveys is done according to the scope of services as documented in the survey application form. If the Ambulatory Care Center experiences significant changes after its submission, the amendments are made in the survey application form within five (5) business days. The update for a re-survey must be completed by the accredited ambulatory care center and submitted to CBAHI twelve weeks prior to the accreditation expiration.

Update of the main contact points of the Ambulatory Care Centers ensures an open communication channel with the Ambulatory Care Center and timely communication of accreditation policies and standards modifications to the ambulatory care centers.

Resources for Ambulatory Care Centers' Accreditation

CBAHI will assign each Ambulatory Care Center enrolled for a survey a HAD's accreditation coordinator, who will serve as a primary contact between the center and Healthcare Accreditation Department (HAD). This individual will coordinate survey planning and will be available to the center to answer questions and clarify issues related to the survey process. In order to assist centers for preparation of surveys, Ambulatory Care Centers are offered the following resources:

1. National Standards for Ambulatory Care Centers First Edition

The Ambulatory Care Centers Standards facilitates access and understanding of the standards' requirements as well as the accreditation policies. The Ambulatory Care Center Standards is divided into four parts:

- Part I - Introduction and Explanatory Notes
- Part II - Accreditation Policies
- Part III - Accreditation Standards
- Glossary and acronyms

2. Ambulatory Care Centers Accreditation Guide

The Accreditation Guide provides useful information in preparation for the ambulatory care center survey.



3. Self-Assessment Tool (SAT)

The first task for the Ambulatory Care Center is to complete an initial self-assessment to determine its readiness and preparation for the survey. The Ambulatory Care Center evaluates its organizational structure, operational processes, outcomes and organizational effectiveness based on compliance to the standards. The Standards contains an explanation for standard clarification and guidance. Prior to a survey visit, each ambulatory care center completes and submits a self-assessment report. A successful self-assessment provides valuable information that may be used to modify and improve said ambulatory care center's performance.

About the Self-Assessment Tool (SAT)

The self-assessment tool assists ambulatory care centers to measure their compliance with CBAHI standards, maintain a status of accreditation readiness, and oversee the quality and safety of patient care. It is intended for use by the ambulatory care center's leadership, planners, committee members, and staff responsible for the ambulatory care center's plans, policies, and procedures. The SAT participants meet and discuss the issues related to compliance and non-compliance with the ambulatory care standards. CBAHI hopes that the SAT enables the ambulatory care centers to:

- Identify its strengths and weaknesses
- Identify and act on areas for improvement
- Understand more clearly the issues that are of interest to CBAHI
- Export the SAT data for analysis and evaluation.

Design of the SAT

The SAT is designed in a checklist format that includes all standards arranged in chapters that correspond to the respective CBAHI Standards. The SAT contains a number of sections:

- Standards Section - contains a list of standards and sub-standards in every chapter.
- Scoring Section - contains scoring points used for evaluating the level of compliance for each sub-standard.
- Comments Section – free space for documenting the assessment findings i.e. strengths, weaknesses and areas for improvement.



Frequency for the SAT

CBAHI accreditation policies require Ambulatory Care Centers to conduct a self-assessment at different periods of time: during preparation for an initial survey and at the middle of the accreditation cycle of an accredited Ambulatory Care Center, i.e., 18 months after being awarded accreditation.

- Prior to Initial Survey – Conduct the SAT before the initial survey to evaluate the Ambulatory Care Center’s readiness and preparation for the accreditation.
- Mid-accreditation Cycle – Conduct the SAT during the three (3) month period prior to the 18th month post accreditation award date. Each accredited Ambulatory Care Center will receive CBAHI notification regarding its submission of SAT and action plan for non-compliant standards.

CBAHI also recommends that the self-assessment be done more frequently (e.g., quarterly) as part of an improvement process to ensure ongoing compliance, determining progress overtime and sustaining quality and safe care.

How to Use the SAT

The SAT has a 3-point rating scale that corresponds to the level of compliance based on the assessment per sub-standard. Each sub-standard is scored from 0 to 2; with 0 = insufficient compliance, 1 = partial compliance, and 2 = satisfactory compliance. If the standard is not applicable to the Ambulatory Care Center, mark “NA” = Not Applicable. The rating scale shows the areas that require great improvement efforts. On-going self-assessment facilitates monitoring the progress made over time.

Accessing the SAT

Using the Ambulatory Care Center’s username and password, download the SAT, an internet-based program that provides features for:

- Entering self-assessment findings
- Sending surveys to respondents for completion

System Requirements

(Note: The instructions are based on a Microsoft XP environment. Appearance may differ in other environments. If you require further assistance, contact the System Administrator at had@cbahi.com.sa.)



The online self-assessment system can run on Microsoft XP and Vista, and Macintosh OS X environments. Minimal system requirements include:

- Access to the internet
- An internet browser (e.g., Internet Explorer)

To login:

- Open the web browser e.g., Internet Explorer.
- Type “www.cbahi.com.sa” in the address bar.
- Press “Enter”. The Web Page is displayed.
- Choose "Health Care Facility".
- Click “Login”.
 - Enter username number and password.
 - Click “Login”.
- When successfully logged in, the self-assessment page is displayed.
- Click on "Self-Assessment".
- Click "Open CBAHI Self-Assessment".
- It will redirect you to a new web page.
- Click "Create New Self-Assessment Record".
- Choose one of the eleven (11) chapters from the drop-down list to begin filling the scoring.
- Save the result. The result displays the total number of scorable items, number of scored items, number of items that have not been scored yet, and the chapter score in percentage based on the items that have been scored.
- Upon completion of scoring of standards, click "close."
- This will redirect you back to the previous page where a report has been generated automatically that shows report date, submission date, number of scored items, number of unscored items, and the Ambulatory Care Center’s percentage score.
- The generated report is automatically shared with CBAHI.
- If there is no activity for (5) five minutes, the session will go into a “timeout” with directions to log in again to continue the session.
- If either username or password have been forgotten, contact the System Administrator via AMB@cbahi.com.sa.



1. Healthcare Facility Orientation Program (HOP)

CBAHI provides orientation programs in different regions of the Kingdom of Saudi Arabia. The Ambulatory Care Center Standards orientation program includes an introduction to the standards, their implementation, the accreditation policies, and survey process to achieve an effective survey preparation. Dates and venues of the orientation programs are communicated to the ambulatory care centers in a timely manner.

2. Mock Survey (optional)

Some Ambulatory Care Centers will prefer to conduct a Mock Survey, but this is subject to the availability of adequate resources at CBAHI and the requirement of its operational plans. CBAHI therefore is not obliged to respond to all incoming mock survey requests.

3. Consultative Visit

CBAHI provides consultative visits upon request. These visits are optional and depend on the availability of CBAHI resources. The consultative visits provide in-depth explanation of one or more of the functions or areas covered by the standards.

4. Requests for Interpretation of Accreditation Standards and Policies

CBAHI responds to requested interpretation of an existing accreditation standard or policy. Requests must be made in writing. Information on submitting a written request is available on the CBAHI website. The requester can fill out a “contact us” form.

Survey Team Composition

The survey team is composed of two certified CBAHI surveyors, a physician and a nurse, and is based on the following factors as provided in the survey application:

- Size of the facility based on average daily census.
- Complexity of services offered, including surgical and anesthesia services.
- Presence of special care units.

All ambulatory care center surveys are done in one (1) day. Prior to the survey, the surveyors review information related to the Ambulatory Care Center from the following sources:

- The Survey Application information.
- Offsite required documents.



- Any other relevant documents as decided by CBAHI.
- For reaccreditation: mid-term self-assessment and the related corrective action plan (CAP).

These documents provide the surveyors an opportunity to verify whether the Ambulatory Care Center documentation are consistent with the actual practice.

Survey Schedule and Survey Agenda

HAD manages all the scheduling and survey agenda arrangements in collaboration with the Ambulatory Care Center's survey visit coordinator. The survey agenda for the day reflects the activities to take place during the survey. HAD communicates the survey agenda to the Ambulatory Care Center at least three (3) days prior to the survey. *(Please refer to Annex A for more details.)*

Offsite Survey Activities

Prior to the onsite survey, the assigned surveyors receive and review essential documents as listed (Annex B - offsite). The list is submitted by the Ambulatory Care Center to HAD prior to the survey visit through the CBAHI portal.

On-Site Survey Activities

The onsite survey commences with an opening conference and leadership interview followed by visits to patient care and support areas. The surveyors review relevant documents during the unit visits. This is followed by review of closed medical records and staff files. The surveyors conduct a closed session to document their findings and prepare for the exit report. Finally, the surveyors meet with the Ambulatory Care Center's leaders and a selected group of staff to discuss the survey findings as presented in the exit report.

There should be no surprises in the survey report, as the surveyors have already raised any issues during the unit visits, review of medical records and staff files. During the survey, the surveyors maintain ongoing communication with their counterparts from the Ambulatory Care Center. As questions arise, the surveyors present their findings to their counterparts, providing an opportunity to clarify or explain possible discrepancies or compliance issues. This enhances further consultation and staff education.



Survey Team Arrival

- The surveyors arrive to the Ambulatory Care Center early enough to start the survey activities in a timely manner according to the survey agenda. Upon arrival, the surveyors present their CBAHI identification.
- The surveyors meet in the designated room identified by the Ambulatory Care Center.

Opening Conference and Leadership Interview

Objectives

- Introduce CBAHI team to the Ambulatory Care Center's leaders.
- Explain the scope of survey.
- Orient the surveyors about the Ambulatory Care Center's structure, mission, vision, scope of services, and staffing.
- Define the expectations on the Ambulatory Care Center staff and surveyors.
- Assess leadership compliance to the LD standards.

Participants

- CBAHI Surveyors
- Ambulatory Care Center staff: director, chiefs of services (medical/nursing/administrative) and others at the discretion of the Ambulatory Care Center's leaders.

Logistics

- A workroom that is large enough to hold all participants and allows interactive discussions, e.g., a conference room equipped with audiovisual equipment.

Procedure

- Surveyors' greetings and staff introduction.
- Senior leader's presentation regarding the Ambulatory Care Center's mission, vision, values, scope of services, staffing and workload statistics.
- Surveyors brief Ambulatory Care Center on the survey structure - survey agenda, questions and answers, and any changes in the suggested agenda in consideration of staff schedules and procedure observation.
- Surveyors identify staff required to attend other survey activities.
- Surveyors identify medical records and personnel files for review as per agreed time schedule.



- Surveyors' interview with the Ambulatory Care Center's leaders focusing on leadership standards, roles and responsibilities:
 - 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.



Outpatient Area Visit

Objectives

- Ensure the unit structure complies with safety, security and infection control requirements.
- Observe and assess staffing ratios to ensure compliance with both the national requirements and staffing plan.
- Observe and assess staff practices in patient care and medication management.
- Observe and assess compliance with patient and family rights.
- Observe and assess equipment management practices.
- Observe and assess the Ambulatory Care Center's readiness for cardiopulmonary resuscitation.
- Review relevant documents to the various practices in the outpatient area.
- Ensure compliance of available shops with safety requirements.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- OPD director, nurse manager and staff in their specific locations

Logistics

- None

Procedure

- The surveyors and the visit facilitator go to the OPD area. The surveyors observe the general layout for:
 - General cleanliness and aesthetic appearance.
 - Accessibility for patients.
 - Waiting rooms.
 - Availability of toilets, dirty utility, clean utility and housekeepers' closets.
 - Staff wearing ID badges.
 - Crash cart availability.
 - Periodic preventive maintenance of medical equipment.
 - Medication storage and preparation.
 - Availability and distribution of hand sanitizers.



- Availability and distribution of sharps containers.
- Availability of personal protective equipment.
- Availability of patient and family rights displayed or in brochures.
- Availability of services and working hours displayed or in brochures.
- Facilities for patients with disabilities.
- Fire detection and abatement devices and equipment.
- Safety exits.
- General security (availability and distribution of security staff).
- Storage of medical records for confidentiality and security.
- Ambulance accessibility and readiness for transporting patients.
- The surveyors observe the examination rooms for:
 - Patient's privacy during interview and examination.
 - Hand washing facility.
 - Additional safety features for specialized equipment.
- The surveyors interview the staff.
 - Reception staff:
 - Patient registration and appointment system.
 - Helping patients to choose the right services, if needed.
 - How to suspect communicable diseases.
 - What to do in case of fire.
 - What to do in case of electrical failure or computer outage.
 - Nursing staff:
 - Correct patient identification.
 - Turnaround time for investigations.
 - Reporting of critical values.
 - Disinfection of patient equipment in-between patients.
 - What to do in case of cardiopulmonary arrest.
 - Crash cart management.
 - Medication management: preparation and administration.



- Process for patient transfer.
- What to do in case of fire.
- Process for staff sharps injury.
- Effectiveness of point of care testing.
- 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.
 - What to do in case of fire.
 - Effectiveness of point of care testing.
 - Knowledge on clinical practice guidelines.
- 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.
 - What to do in case of fire.
- Document Review:
 - Policy on patient assessment.
 - List of surgery/procedures/interventions requiring informed consent.
 - Policy on patient transfer for higher level care.



- Clinical practice guidelines.
- Infection control manual.
- Ambulance maintenance.
- Open Medical Records Review:
 - Completed patient assessments.
 - Care planning with measurable goals.
 - Evidence of screening for pain, nutritional needs, and functional needs.
 - Documentation of allergies and chronic infections.
 - Consultations.
 - Consent.
 - Patient and family education.
 - Lab and radiology results.
 - Prescriptions.
 - Policy on patient transfer for higher level care.



Day Procedure Unit Visit

Objectives:

- Ensure structure of DPU complies with the National and International requirements for operating rooms and recovery rooms for day surgery/procedure.
- Ensure the availability of the essential equipment for patient safety during sedation/anesthesia, procedures and recovery.
- Observe and assess staff practices in patient care and medication management.
- Observe and assess compliance with patient and family rights.
- Observe and assess equipment management practices.
- Observe and assess the Ambulatory Care Center's readiness for cardiopulmonary resuscitation.
- Review relevant documents for the various practices in the DPU area.
- Review medical records documentation compliance in DPU.
- Observe infection prevention and control practices.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- DPU director, nurse manager, physicians and nurses in DPU.

Logistics

- None

Procedure

- The surveyors and the visit facilitator go to DPU. The surveyors observe the general layout for:
 - Unit design: staff changing area, receiving area, procedure room and equipment medication preparation area, utility rooms (dirty, clean, housekeepers), clean and dirty waste circulation.
 - Procedure room and equipment.
 - Difficult intubation equipment availability.
 - Crash cart availability and readiness.
 - Recovery room and equipment.



- Emergency exits.
- Staff wearing ID badges.
- Fire detection and abatement devices and equipment.
- Recovery area has an ICU setup.
- Staff Interview:
 - Nursing staff:
 - Receiving patients (identification, pre-procedural checklist).
 - Daily checking of anesthesia machine operating room (anesthesia machine, medications, air-conditioning requirements, crash cart).
 - Time out procedure.
 - Intra-procedure sedation monitoring.
 - Recovery process from sedation/anesthesia.
 - Discharge home from recovery.
 - Effectiveness of point of care testing.
 - Periodic preventive maintenance for medical equipment.
 - Medication management: preparation and administration.
 - What to do in case of cardiopulmonary arrest.
 - What to do in case of fire.
 - Physicians:
 - Patient assessment and surgical plan.
 - Consent for surgery.
 - Procedural site marking.
 - Time out procedure.
 - Pre-sedation / anesthesia assessment.
 - Consent for sedation / anesthesia.
 - Recovery process from sedation/anesthesia.
 - Discharge home from recovery.
 - Effectiveness of point of care testing.



- What to do in case of cardiopulmonary arrest.
- What to do in case of fire.
- Housekeeping staff:
 - Waste management.
 - Disinfection of procedure room and equipment in between cases and at the end of the list.
 - What to do in case of fire.
- Document Review:
 - DPU policies and procedures.
 - Registry book for procedures.
 - Physicians' privileges.
 - Policy on managing patients who inadvertently require ICU care following surgery/procedure.
- Open Medical Records Review:
 - Physician assessment and procedural (“operational”) plan.
 - Pre-procedure sedation / anesthesia assessment.
 - Availability of laboratory and radiology results.
 - Intra-operative/procedure monitoring.
 - Operative report.
 - Recovery and discharge home process.
 - Patient / family education.



Laboratory Unit Visit

Objectives

- Ensure the laboratory structure complies with safety, security and infection control requirements.
- Observe infection control and safety practices.
- Review equipment maintenance and quality control documents.
- Interview staff for their daily pre-analytical, analytical and post analytical practices and reporting of test results.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Laboratory director and technicians

Logistics

- None

Procedure

- Observe:
 - Phlebotomy area (equipment, infection control).
 - Receiving area (infection control).
 - Process for receiving specimens.
 - Adequacy of space, infection control practices (equipment area, utility rooms, storage areas for reagents and specimen, and processing area).
 - Periodic preventive maintenance for equipment.
 - Safety of equipment.
 - Staff wearing ID badges.
 - Emergency exits.
 - Fire detection and abatement devices and equipment.
- Lab Staff Interview:
 - Patient identification before sample collection or receiving samples.
 - Specimen labelling



- Specimen rejection.
- Turnaround times for results.
- Reporting of critical results.
- Quality control.
- Proficiency testing.
- 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.
- Document Review:
 - 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.



Radiology Unit Visit

Objectives

- Ensure the radiology unit structure complies with safety, security and infection control requirements.
- Observe infection control and safety practices.
- Review equipment maintenance and quality control documents.
- Interview staff for daily equipment checks, quality control practices and reporting of test results.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Radiology director and technicians.

Logistics

- None

Procedure

- Observe:
 - Layout, reception area, safety signs and warnings, aprons, emergency exits.
 - Staff wearing ID badges and thermoluminescence dosimeters (TDL) cards.
 - Storage of contrast media/hazardous material.
- Staff Interview:
 - Radiologist/Technician
 - Outsourced services.
 - Radiation safety program.
 - Equipment testing and preventive maintenance.
 - What to do in case of fire.
 - Correct patient identification.
 - Disinfection of patient equipment in-between patients.
 - What to do in case of cardiopulmonary arrest.
 - Crash cart management.



- Document Review:
 - 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 Unit Visit

Objectives

- Ensure the dental unit structure complies with safety, security and infection control requirements.
- Observe infection control and safety practices.
- Review equipment maintenance and quality control documents.
- Interview staff for daily infection prevention practices and disposal of dental waste.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Dental director, dentists and dental assistants

Logistics

- None

Procedure

- Observe:
 - Dental room layout for infection control.
 - Availability of dental assistants.
 - Infection control practices.
 - Staff wearing ID badges.
 - Safety measures in dental lab.
 - Emergency exits.
 - Fire detection and abatement equipment.
 - Availability of radiation protection aprons.
- Staff Interview:
 - Dentist/Dental Technician:
 - Scope of services.
 - Infection control practices.
 - What to do in case of fire.



- Correct patient identification.
 - What to do in case of cardiopulmonary arrest.
 - Crash cart management.
- Document Review:
 - Infection control program.
 - Assessment and care planning.
- Medical Records Review:
 - Patient assessment.
 - Care planning.
 - Patient / family education.
 - Prescriptions.



Dermatology & Aesthetics Medicine Visit

Objectives

- Ensure the Dermatology & Aesthetics Medicine unit structure complies with safety, security, and infection control requirements.
- Observe infection control and safety practices.
- Review equipment maintenance and quality control documents.
- Interview staff for daily equipment checks.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Dermatology & Aesthetics Medicine unit director and staff.

Logistics

- None

Procedure

- Observe:
 - Layout, reception area, safety signs and warnings, emergency exits.
 - Laser safety signs.
 - Storage and handling of liquid nitrogen.
 - Storage of hazardous material.
- Staff Interview:
 - Physicians and nurses
 - Laser safety program.
 - Equipment testing and preventive maintenance.



- What to do in case of fire.
- Correct patient identification.
- Disinfection of patient equipment in-between patients.
- What to do in case of cardiopulmonary arrest.
- Crash cart management.
- Document Review:
 - Scope of services.
 - Weekly safety visits to all procedural rooms.
 - List of the procedures performed.
 - Dermatology and aesthetics practice guidelines.
 - Assessment and care planning.
 - Laser safety program.
 - Equipment operation and service manuals.
 - Equipment periodic preventive maintenance.



Medication Management Tour

Objectives

- Ensure the pharmacy structure complies with the safety and security of medications.
- Observe medication preparation areas comply with infection control requirements.
- Observe staff medication preparation practices.
- Interview staff for their role in medication safety practices, reporting of medication errors and adverse drug reactions.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Pharmacy director, medical and nursing staff

Logistics

- None

Procedure

- Observe:
 - Medication expiry dates including multi-dose vials.
 - Medication storage and preparation.
 - Storage of "LASA" and high alert medications.
 - Storage of expired medications.
 - Staff wearing ID badges.
 - Emergency exits.
 - Fire detection and abatement equipment.
- Staff Interview:
 - Pharmacist
 - Managing incomplete and inappropriate prescriptions.
 - Reporting of medication errors.
 - Handling of narcotic medication.
 - Evaluating the appropriateness of prescriptions before dispensing and managing incomplete/inappropriate prescriptions.
 - What to do in case of fire.



- Document Review:
 - Drug formulary.
 - Physicians' signature list.
 - Policy on handling medications when storage temperature is outside required temperature range.
 - Policy on handling and storage of LASA and concentrated electrolytes high alert medications.
 - Policy on dealing with expired medications.
 - Medication errors, allergies and adverse drug reactions policies and reports.
 - Guidelines on the use of multi-dose vials and vaccines.



Management of Information Tour

Objectives

- Ensure the unit structure complies with safety, confidentiality and security requirements.
- Observe functional distribution and storage of medical records.
- Interview staff for the daily pulling out of files, analysis and storage.
- Informational technology data center (safety, security and integrity of data).

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Medical records director and clerk

Logistics

- None

Procedure

- Observe:
 - Functional distribution of medical records storage area.
 - Records analysis area.
 - Confidentiality, safety and security of medical records stored in the unit.
 - Fire detection and abatement equipment.
 - Emergency exits.
 - Staff wearing ID badges.
- Staff Interview:
 - Medical Records Clerk:
 - Standardized process for arranging medical records.
 - File analysis upon return from clinical areas.
 - Managing incomplete records.
 - Managing duplicate files.
 - What to do in case of fire.



- Administrator/MOI Officer:
 - Designing the MOI plan.
 - Compliance with regulatory bodies' required documents.
- Document Review:
 - MOI plan.
 - Policy on writing in medical records.
 - Policy on managing incomplete medical records.
 - Approved abbreviation list.



Closed Medical Records Review

Objective

- Ensure compliance with medical records documentation requirements.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's visit facilitator
- Medical and nursing staff

Logistics

- A quiet room with table and chairs to accommodate attendees.
- Medical records of patients in the Ambulatory Care Center from the previous (4) four months for a new survey; and the previous (1) one year for triennial surveys (at least five from different specialties).

Procedure

- The selection of closed medical records for review is guided by the services provided by the Ambulatory Care Center and any available source of information during the period prior to the survey such as the top diagnoses and procedures.
- Surveyors utilize the tool as in Annex C.
- The review focuses on:
 - The completion of records in terms of assessment, care planning, consents, patient and family education, consultations, referrals and transfer documentation.
 - Timeliness, use of abbreviations and symbols.



Personnel Files Review

Objective

- Evaluate standards related to human resources such as recruitment, qualifications, job descriptions, orientation, education, and staff performance evaluation.

Participants

- CBAHI Surveyors
- Ambulatory Care Center staff familiar with the contents of personnel files.

Logistics

- A quiet room with table and chairs to accommodate attendees.

Procedure

- Surveyors provide the Ambulatory Care Center with a list of personnel files required to be reviewed during the survey. The list includes but is not limited to chief medical and administrative staff, new hires, physicians, nurses, technicians, and others.
- The requested personnel files must be ready prior to the review session.
- Personnel file documents for review are:
 - Staff credentials (education, training, experience)
 - Licensure and registration
 - Credentialing of all staff
 - Job description
 - Privileging of medical staff
 - Orientation (general and departmental)
 - Continuous education
 - Performance evaluation
- The surveyor shall utilize an evaluation template as in Annex D.



Surveyors' Report Preparation

Objectives

- Integrate findings from areas visited into the corresponding chapter standards.
- Prepare an initial report that can be shared with the Ambulatory Care Center at the end of the on-site survey.
- Provide the Ambulatory Care Center with the possible challenges and areas for improvement.
- Provide the Ambulatory Care Center with the list of non-compliant core standards that need immediate leadership attention.

Participants

- CBAHI Surveyors

Logistics

- A workroom that accommodates the surveyors and Ambulatory Care Center staff.

Procedure

- The surveyor completes the scoring of all the sub-standards during the on-site assessment. If there are two surveyors, they must integrate their findings into one report that will be shared with the Ambulatory Care Center at the end of the on-site survey.
- The survey Visit Team Leader (VTL) integrates and delivers the final report.



Closing Conference

Objectives

- To provide the Ambulatory Care Center with an initial overview on the outcome of the survey.
- To allow the Ambulatory Care Center to clarify and explain possible discrepancies or compliance issues.
- To provide the Ambulatory Care Center's leaders with the strengths and areas for improvements.

Participants

- CBAHI Surveyors
- Ambulatory Care Center's chief medical and administrative staff, and staff in supervisory levels

Logistics

- A workroom/auditorium that is large enough to accommodate all the attendees.

Procedure

- At the conclusion of the on-site survey; the surveyors hold a closing conference to present key findings, strengths and areas for improvement. The Ambulatory Care Center is informed on how to access the detailed report and possible follow-up activities and/or decisions. During the exit conference, the surveyors do not declare any accreditation awards.
- Members of the leadership group take the opportunity to comment and provide feedback on the findings for which there are issues of interpretation, as well as express their perceptions of the survey.



Post Survey Activities

Accreditation Decision and Plan for Corrections

Following completion of the survey, CBAHI renders an accreditation decision and delivers a report. Types of possible accreditation decisions, follow up activities, and required accreditation maintenance activities are fully explained in part two of the standards manual. The surveyed Ambulatory Care Center receives official documents from CBAHI detailing the accreditation decision, and any required follow-up activities, within thirty days after the conclusion of the survey. The Ambulatory Care Center will be able to access the survey report with the use of their username and password through the Ambulatory Care Center portal.

Survey Report

CBAHI provides a survey report to the Ambulatory Care Center for on-site visits. The first page of the report contains items such as the dates of the survey, the names of the surveyors, the services and sites assessed, and the scope of the survey and the standards used. The main part of the report contains the findings of the survey team for all sub-standards that had insufficient or partial compliance.

Survey Feedback

In order to evaluate and improve its performance, CBAHI welcomes and appreciates each surveyed Ambulatory Care Center's feedback. This feedback is very beneficial in ensuring the continuing growth and improvement of CBAHI's accreditation program. An email is sent to the Ambulatory Care Center's survey coordinator after the survey visit has been completed requesting their feedback about CBAHI standards, survey process and surveyors' performance.

Accreditation Maintenance

The maintenance of the accreditation process pertains only to hospitals already accredited. When an Ambulatory Care Center receives accreditation, the Ambulatory Care Center is responsible for maintaining compliance with the CBAHI standards for the full duration of the accreditation term. CBAHI reserves the right to review the accreditation status where there is substantial evidence to suggest that accreditation standards are not being met. CBAHI adopted procedures that facilitate maintenance of accreditation. These procedures are intended to create an ongoing "maintenance of accreditation" signaling that once an Ambulatory Care Center has achieved accreditation, a process of continuous improvement maintains the accreditation



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status. The maintenance of accreditation procedures are fully described in the accreditation policies part of the third edition of the CBAHI standards manual. As part of accreditation maintenance procedures, the mid-term self-assessment serves as an opportunity for an Ambulatory Care Center to engage in a process of rigorous self-review and improvement against CBAHI standards.



Annexes

Annex (A)

Sample Survey Agenda

Ambulatory Care Center Agenda (Two Surveyors)

Surveyor 1

SN	Topic	Time	Duration
1.	Document Review	01:10pm – 02:20pm	1 hour 10 mins
2.	Leadership Interview	02:20pm – 03:05pm	45 mins
Break Time 03:05pm – 03:30pm			
3.	Medical Record Visit	03:30pm – 04:15pm	45 mins
4.	Observation & Interview (Laser room)	04:15pm – 04:30pm	15 mins
5.	Observation & Interview (OPD, Procedure room)	04:30pm – 04:45pm	15 mins
6.	Observation & Interview (CSSD)	04:45pm – 05:00pm	15 mins
7.	Observation & Interview (FMS)	05:00pm – 05:15pm	15 mins
Break Time 05:15pm – 05:45pm			
8.	Personnel File Review	05:45pm – 06:30pm	45 mins
Total Time Hours			4 hours 45 min approximately # 5 hours



Surveyor 2

SN	Topic	Time	Duration
1.	OPD (Interview & Observation)	01:10pm – 02:10pm	1 hour
2.	DSC (Interview & Observation, MR review)	02:10pm – 03:20pm	45 mins
Break Time 03:20pm – 03:30pm			
3.	Dental (Interview & Observation, MR review)	03:30pm – 04:00pm	30 mins
4.	ER (Interview & Observation, MR review)	04:15pm – 04:30pm	15 mins
5.	Derma & Laser (Interview & Observation, MR review)	04:30pm – 04:50pm	20 mins
6.	Laboratory (Interview & Observation, MR review)	04:50pm – 05:40pm	45 mins
Break Time 05:40pm – 05:45pm			
7.	Personnel File Review	05:45pm – 06:30pm	45 mins
Total Time Hours			4 hours 30 min approximately # 5 hours



Annex (B)

Required Survey Documents

Offsite Documents:

#	Documents	Standard
1	Organizational structure	LD.3
2	Structure and function of the governing body	LD.1
3	Delegation of authority	LD.1
4	Governmental licensure (Civil Defense, MOH, municipality)	LD.4
5	Scope of services	LD.5
6	Strategic and operational plans	LD.6/7
7	Staffing plan	LD.10
8	Recruitment policy and procedure	LD.11
9	Credentialing and privileging of medical staff policy and procedure	LD.13/14
10	General orientation program	LD.15
11	Cardiopulmonary resuscitation policy and procedure	PC.12
12	Ethical framework	LD.26
13	Document control policy and procedure	LD.28
14	Quality improvement and patient safety program	LD.29
15	Risk management program	LD.31
16	Management of information plan	MOI.1
17	Prevention and control of infection program	IPC.1
18	Waste collection contract	IPC.11
19	Hand hygiene program	IPC.6
20	Facility management and safety program	FMS.1



Onsite Documents:

#	Documents	Standard
1	Budget plan	LD.8
2	Competency assessment policy and procedure	LD.16
3	Safe operation of equipment policy and procedure	LD.17
4	Educational calendar	LD.18
5	Performance evaluation process	LD.20
6	Staff health and safety program	LD.21
7	Patient/family rights	LD.22/23
8	Patient/family complaint process	LD.24
9	Performance improvement project (sample)	LD.29
10	Key performance indicators	LD.30
11	Occurrence variance reports with analysis	LD.32
12	Patient registration process	PC.1
13	Patient identification process	PC.2
14	Patient assessment policy and procedure	PC.3
15	Process of reporting of critical test results	PC.5
16	List of procedures/interventions requiring consent	PC.10
17	Informed consent policy and procedure	PC.11
18	Transfer of critical patient policy and procedure	PC.13
19	Laboratory specimen manual	LB.1
20	Laboratory safety program	LB.3
21	Laboratory infection control program	LB.4
22	Process for selecting and evaluating reference laboratories	LB.5
23	Laboratory instrument and equipment management process	LB.6



24	Receipt and inspection of specimen policy and procedure	LB.7
25	Laboratory quality control policy and procedure	LB.8
26	Proficiency testing policy and procedure	LB.9
27	Process for correcting or amending reported laboratory results	LB.11
28	Process for point of care testing	LB.12
29	Radiation safety program	RD.2
30	Radiology equipment management process	RD.3
31	Dental infection control guidelines	DN.4
32	Dental lab safety and infection control guidelines	DN.4/5
33	Physicians' signature list	MM.1
34	Medication formulary	MM.2
35	Process for medication storage	MM.3
36	Process for ensuring stability of multi-dose vials	MM.4
37	Process for managing expired medications	MM.5
38	Safe prescribing of medications policy and procedure	MM.6
39	Guidelines for prescribing antibiotics	MM.7
40	Process for managing controlled medications	MM.8
41	Process for managing high alert and look alike/sound alike (LASA) medications	MM.9
42	Process for verifying of prescriptions	MM.10
43	Medication errors reporting policy and procedure	MM.12
44	Process for medication allergy reporting	MM.13
45	Adverse drug reaction reporting policy and procedure	MM.14
46	Crash cart standardization policy and procedure	PC.12
47	Process for diagnosis and procedure coding	MOI.2



48	Approved and non-approved abbreviations policy and procedure	MOI.2
49	Medical records content policy and procedure	MOI.3
50	Rules and regulations for writing in medical records policy and procedure	MOI.4
51	Process for completion and storage of medical records	MOI.5
52	Use of information technology in healthcare policy and procedure	MOI.6
53	Clinical documentation improvement (CDI) policy and procedure	MOI.7
54	Laundry and linen management policy and procedure	IPC.3
55	Renovation projects policy and procedure	IPC.3
56	Process for reporting communicable diseases	IPC.4
57	Healthcare-associated infections prevention policy and procedure	IPC.5
58	Hand hygiene program	IPC.6
59	Disinfection and sterilization policy and procedure	IPC.7
60	Safe reprocessing of single-use items policy and procedure	IPC.7
61	Isolation precautions policy and procedure	IPC.8
62	Appropriate use of PPE policy and procedure	IPC.9
63	Decontamination and disinfection in all patient care areas policy and procedure	IPC.10
64	Infectious material and waste disposal policy and procedure	IPC.11
65	Prevention and management of sharps injury program	IPC.12
66	Housekeeping policies and procedures	IPC.14
67	Interdisciplinary facility round document (sample)	FMS.2
68	Utilities plan	FMS.3
69	Fire prevention and abatement program	FMS.4



70	Medical equipment periodic preventive maintenance program	FMS.6
71	Emergency preparedness plan	FMS.7
72	Hazardous material and waste plan	FMS.8
73	Safe use of medical gases policy and procedure	FMS.9
74	Care of patients in the day procedure unit policy and procedure	DPU.2
75	Prevention of wrong patient, wrong site, wrong procedure/surgery policy and procedure	DPU.7
76	Monitoring of patients during and after procedure/surgery process	DPU.8
77	Discharge from recovery process	DPU.12
78	Dermatology and aesthetics practice guidelines	DA.6



Annex (C) Medical Records Review Tool

		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
PC.3.2	Vital signs taken in each visit															
PC.3.2	Comprehensive H&P in 1 st visit															
PC.3.3	Nutritional screening documented															
PC.3.3	Functional screening documented															
PC.3.3	Pain screening documented															
PC.3.3	Social screening documented															
PC.3.3	Risk of fall documented															
PC.3.4	Pain assessment completed															
PC.3.4	Patient referred to nutritionist															
PC.3.4	Patient referred to physical therapist															
PC.5.3	Read back documented for critical test results															
PC.6.1	Plan of care documented															



		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
PC.6.3	Plan of care reviewed every visit															
PC.7.1	Consultation to other services states the reason and urgency of the request															
PC.7.2	Reply to consultation documented															
PC.9	Patient and family education documentation															
PC.11.1	Informed consent for surgery/procedure documentation															
PC.11.1	Informed consent for sedation/anesthesia documentation															
PC.13.3	Reason for urgent transfer and documentation of necessary information to accepting hospital															
PC.13.4	Documentation of the patient's condition during the transfer process															
PC.13.5	Evidence of handover to transferring facility															



Standard	Document	File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
DPU.3.3	Pre-operative patient assessment															
DPU.3.5	Relevant laboratory and radiology results are available															
DPU.6.1	Pre-sedation/anesthesia assessment															
DPU.6.3	Pre-sedation/anesthesia plan															
DPU.6.4	Immediate pre-induction assessment															
DPU.7.3	"Time out" documentation															
DPU.8.1	The patient's vital signs, oxygen saturation, and ECG findings are recorded by the anesthesiologist.															
DPU.8.2	The anesthetic technique is recorded by the anesthesiologist															
DPU.8.3	The anesthetic or sedation agent, IV medications and other medications, including dosage and the timing of															



		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
	administration are recorded															
DPU.8.4	Any unusual events are recorded															
DPU.8.5	Any investigations carried out are recorded															
DPU.8.6	The status of the patient at the end of the procedure is recorded															
DPU.10.1	Date and time of admission to day procedure															
DPU.10.1	Date and time of admission to recovery															
DPU.10.2	Vital signs, oxygen saturation, and level of consciousness are recorded.															
DPU.10.3	The pain score is recorded															
DPU.10.4	Fluid output including urine and drains is recorded															
DPU.10.5	Tolerance to oral fluid is recorded															



		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
DPU.11.1	Operation report highlights the pre- and post-operative diagnosis															
DPU.11.2	Operative report documents the name of the surgeon, anesthesiologist, and assistants.															
DPU.11.3	Operative report documents the operation or procedure performed															
DPU.11.4	Operative report includes a description of the surgery or procedure, findings, and complications, if any.															
DPU.11.5	The amount of blood loss is documented															
DPU.11.6	Operative report flags any drains or packs left, the type of wound closure, and the type of dressing used, with instructions on how and when to remove.															
DPU.11.7	Operative report includes specimens removed and the need															



		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
	for histopathological examination															
DPU.12.1	Examination of the patient to ensure the patient's suitability and stability for home discharge from recovery															
DPU.12.2	Post-procedure instructions are written in the patient medical record															
DN.2	Documentation of dental chief complaint															
DN.2	Documentation of chronic illnesses															
DN.2	Documentation of medication history															
DN.2	Documentation of allergy status															
DN.3	Dental treatment plan documented															
DN.3.1	Radiological investigation(s) needed															
DN.3.2	Antibiotic prophylaxis required															



		File 1			File 2			File 3			File 4			File 5		
		#			#			#			#			#		
Standard	Document	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
DN.3.3	Name of procedure performed															
DN.3.4	Type and dose of local anesthetic or moderate sedation															
DN.3.5	Material used for filling documented															
DN.3.6	Informed consent documented															
MM.6.1	All prescriptions are identified by accurate patient demographics including name, age and medical record number															
MM.6.2	Allergy status is clearly identified on the prescription															
MM.6.3.	Pediatric prescriptions have patient's weight															
MM.6.4	Abbreviations are not used in prescriptions.															
MM.6.5	Copy of prescription in the file															
MM.6.6	Narcotics prescription follows MOH regulations															
MOI.2.1	All diagnoses and procedures are coded															



Standard	Document	File 1			File 2			File 3			File 4			File 5		
		Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA	Yes	No	NA
MOI.3.4	Medical record contains the required patient demographics															
MOI.3.5	Medical record contains updated medical information sufficient to safely manage the patient and promote continuity of medical care.															
MOI.3.6	Allergies, adverse drug reactions and chronic infections are confidentially displayed in the patient's file															
MOI.4.2	All entries are legible, dated, timed, and signed by the author															
MOI.4.3	Entries written in error are not deleted or erased. Instead, a line is passed through the error text and dated, timed, and signed by the author															
MOI.4.4	Only standardized and approved abbreviations and symbols are used in medical records															



Annex (D) Personnel File Review Tool

		File 1			File 2			File 3			File 4			File 5		
Standard	Measurement	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
LD.12.4	The job description is discussed with and signed by the employee upon his/her hiring															
LD.13.3	Credentials are verified from their original source															
LD.13.4	Registration of healthcare professionals with the Saudi Commission for Health Specialties															
LD.13.4	The center ensures the licensing of healthcare professionals by the Ministry of Health															
LD.13.5	Evidence of credentialing process in employee file															
LD.13.5	Evidence of re-credentialing															



		File 1			File 2			File 3			File 4			File 5		
Standard	Measurement	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
	process in employee file															
LD.14.3	Clinical privilege signed by the medical director															
LD.14.4	Evidence of re-privileging															
LD.15.1	Attendance at general orientation															
LD.15.2	Attendance at department specific orientation															
LD.16.2	Initial competency assessment in employee file															
LD.16.3	Annual competency assessment in employee file															
LD.17.3	Evidence of training on specialized equipment															



		File 1			File 2			File 3			File 4			File 5		
Standard	Measurement	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
LD.18.3	Evidence of continuous education															
LD.19.1	Basic life support education and training															
LD.19.2	Advanced life support education and training															
LD.20.2	Probationary staff evaluation															
LD.20.2	Annual staff evaluation															
LD.20.4	Evaluations include personal goals to achieve for the next year that the employee will carry out															