

KAIZEN

GAPS FINDER

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Kaizen Medical Management

Gaps Finding

KAIZEN is pleased to have the opportunity to provide you with its expertise and services that help in improving your services and meeting the healthcare best practice

This proposal provides comprehensive yet summary information to guide you through how Kaizen will go about Accreditation process in the facility



Mission and Vision

Providing the best solutions to ensure quality and profitability in HealthCare Business

We study and assess medical providers, look for gaps, develop options and create solutions that are appropriate for every medical facility to be able to achieve its budgets and plans.

Our Team:

We were keen to attract scientific and professional talents Team, and to employ innovative minds and hardworking personalities.

Our team includes doctors from various specialty and administrators expert in the medical sector, as well as a support team to develop the marketing, technological and promotional aspects of the institutions.



National Health regulatory Authority

Accreditation has been defined as "A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve"

NHRA

Law no(21) of 2015 regarding private health care facilities:

Article (19) NHRA's responsibility for evaluating health services provided in all facilities in order to ensure quality and high performance of those services, and ensure compliance with regulations and standards related to patient safety, infection control and other technical standards.

Article (20) specifies NHRA responsibilities for inspection to ensure compliance of private health facilities with the law and regulations issued to implement it.



Why should a facility go for Accreditation

- To remain operational according to NHRA laws of licensing.
- Assurance of best medical Practice.
- Confidence of patients to receive treatment in the facility.
- Safety of medical practice delivered to patient.
- Legal safety of the organization and all the Employees.
- Continues improvement of services in the Facility
- to provide Safe and trusted Health Services

NHRA Aim to certify and accredit health centers , Hospitals , Clinics that are aiming for renewal of license on yearly basis other wise the facility could be closed if not in compliance.



Accreditation Committee & Process

The structure of accreditation is based on three Elements :

- The CEO of NHRA
- The Accreditation Committee
- The Surveyors

The recommendation of the Committee would be :

- Awarding the Accreditation
- Conditional Accreditation
- Defer
- Refusal Of Accreditation



Scoring of Health Accreditation



Diamond: for facilities which achieve 95% or more of standards evaluation



Platinum: for facilities, which achieve from 90% up to 95% of standards evaluation.



Gold: for facilities, which achieve from 80% up to 90% of standards evaluation



Silver: for facilities, which achieve from 70% up to 80% of standards evaluation



Conditional Accreditation

The Accreditation Committee may recommend conditional accreditation if the results of the visit report indicates that the facility's overall score ranges between 70% to 80%, and that the outstanding issues are such that they can be resolved easily within a short period of time.

Deferred Accreditation

A decision can be deferred for up to six months, if the surveyor team has concerns about issues of medium priority, namely, those that can be actioned in a longer time-frame. These action points could result in a recommendation to defer the decision on the award of accreditation.



Refusal, suspension or withdrawal of Accreditation

- The Accreditation Committee may recommend the refusal, suspension or withdrawal of accreditation, if the survey report indicates that the facility has failed to meet or maintain the standards required for accreditation and the overall scoring is less than 70%.
- If accreditation is refused or withdrawn, the reasons will be clearly and comprehensively explained in the report and the accompanying letter.
- **Failing to achieve accreditation after expiry of the deferred time period will result in withdrawing the accreditation from the facility.**
- The facility has obviously the right to appeal against NHRA decision



Core Elements – (Applicable to all Medical Center Facilities)

All Medical Centers are assessed against all core elements of NHRA standards.

1. Governance, Management and Leadership
2. Human Resources
3. Patient and family rights
4. Quality Management & Patient Safety
5. Management of Information and Medical Records
6. Infection Prevention and Control (including CSSD)
7. Facility Management & Safety
8. Patient and Family Education
9. Provision of Care/Patient Journey
10. Medical Staff
11. Nursing Staff



.Continuation

Support Elements

The support elements are assessed as being applicable or not applicable and included accordingly.

- Radiology Services
- Laboratory Services
- Pharmacy
- Minor Surgery
- Local Anesthesia and Sedation

Facility Specific Elements

The facility specific elements are only included in the Medical Centers that provide the service/s identified.

- Radiology Centers
- Fertility Centers
- Dental Centers
- Optometry/Opticians Centers



Element 1 – Governance, Management and Leadership

This element addresses the roles of the leadership group and their responsibilities regarding the required governance processes, including:

- Development of a mission statement
- Formulation of a strategic plan
- Development of an organizational structure and accountability chart for all levels of the organization
- Development and promotion of professional ethical conduct
- Planning and designing services and structures, which includes patient and stakeholder engagement
- Processes for collaboration, coordination, and communication internally and externally
- Financial management



Element 2 - Human Resources

This element addresses the qualified staff with the adequate number and mix to meet Centers Requirements:

- Staffing plans
- Staff qualifications
- Job descriptions for all types of employees
- Credentialing and privileging
- Staff orientation and education
- Employees personnel files
- Staff performance evaluation



Element 3 - Patient and Family Rights

This element addresses that patient and family rights are well defined and fully respected within the facility:

- Defining and supporting patient and family rights
- Defining treatments/procedures requiring informed consent and obtaining informed consent when indicated
- Protection of vulnerable patients
- Protection of patient belongings
- Regular conduction of patient and family satisfaction surveys and making improvements accordingly
- Establishing a process for resolution of patient complaints
- Ensuring that patients and their families are fully informed about all aspects of their care.



Element 4 - Quality Management and Patient Safety

This element addresses staff's responsibility towards implementing a program that effectively improves quality and safety and reduces risks, process are:

- A detailed, organization-wide plan
- A required structure (committee)
- Staff training and education regarding quality and risk management
- Appropriate methodology for data collection
- Prioritization and implementation of appropriate improvements
- Plan for Risk Management
- Identification and analysis of significant events
- Patient safety
- Defining and adopting International Patient Safety Goals



Element 5 - Management of Information and Medical Records

This element addresses the most valuable resources for any organization which is information. Main requirements are :

- Information needs assessment
- Users requirements
- Information planning
- Data collection and analysis
- Information flow and reporting requirements for each department
- Security, integrity, and confidentiality of the Information System



Element 6 - Infection Prevention and Control

This element outlines the requirements for the following processes and activities related to infection prevention and control:

- Infection control program
- Staff education
- Personal protective equipment
- Hand hygiene
- Sharps safety
- Cleaning, decontamination, disinfection and sterilization
- Healthcare-associated infection
- Blood exposure
- Communicable diseases
- Waste management
- Laundry
- IPC precautions for renovations and constructions



Element 7 - Facility Management and Safety

This element addresses Important aspects of the facility management and the safety of any person in the building and includes the following :

- Safety
- Security
- Fire safety
- Emergency
- Hazardous materials
- Medical equipment
- Utilities



Element 8 Patient and Family Education

This element addresses patients Education about their Health status and about the provision of care delivered Nationwise

This chapter outlines the following processes and activities:

- Educational resources
- Assessment of educational needs
- Education plan
- Effectiveness of education



Element 9 Provision of Care / Patient Journey

This element addresses Types of patients and how do they receive Health Care in the Facility

Important processes and activities addressed in this chapter include the following:

- Access to Care
- Medical assessment
- Nursing assessment
- Plan of care
- Reassessment
- Monitoring and assessment of clinical outcomes
- Patient discharge, transfer and referral within or outside the facility



Element 10 - Medical Staff

This element define medical staff's roles and responsibilities in credentialing, privileging, bylaws development, committees and departments management and performance improvement. Important processes and activities addressed in this chapter include the following:

- Medical staff's roles and responsibilities
- Medical staff evaluation, credentialing and privileging
- Medical staff committees
- Medical staff collaboration with other disciplines



Element 11 - Nursing

This element addresses Nurses Roles in assisting the Management and the quality personnel to work according to standards and to minimize risk important processes required by the nursing department:

- Nursing organization structure
- Nursing staffing
- Collaboration with other staff /committees
- Standards of practice
- Participation in quality improvement and patient safety activities
- Nursing education



Element 12 - Radiology

This element addresses assessment/re-assessment of patients using different Radiological methods :

- Physical structure
- Staffing
- Safety program
- Results reporting (including panic findings)



Element 16 – Local Anesthesia and Sedation

This element addresses local anesthesia and sedation in the medical centers as General Anesthesia is not allowed in Centers , in the following process

- Staff
- Equipment
- Pre- sedation assessment
- Monitoring of patients receiving local anesthesia/sedation
- Recovery room



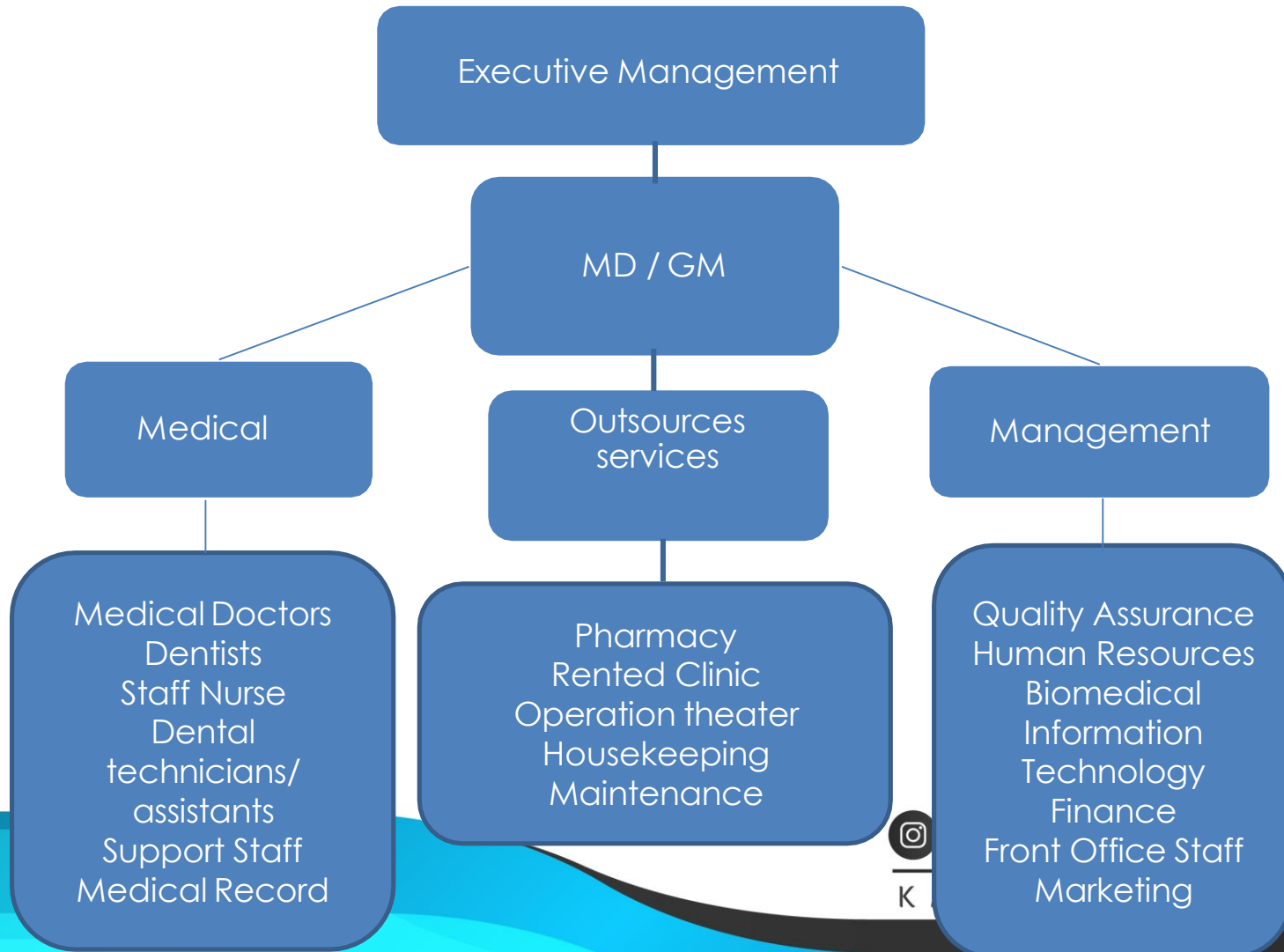
Element 19 Dental Services Standards

This element addresses safe environment of delivering Dental services by qualified dentist who is privileged to perform relevant procedures:

- Staffing
- Requirements of the dental clinic
- Documentation
- Dentistry care



Organization chart example



Safety Evacuation



Conclusion

As a medical Establishment going to participate in accreditation
You have to follow up the 11 core elements and the support ones according to the services provided

We have believe that with cooperation and with training

We can create blame free environment where every one participates in the successes of the establishment

Kaizen Stands for Continues improvement from the CEO to the line workers , It applies process and boundaries in the professional practice .

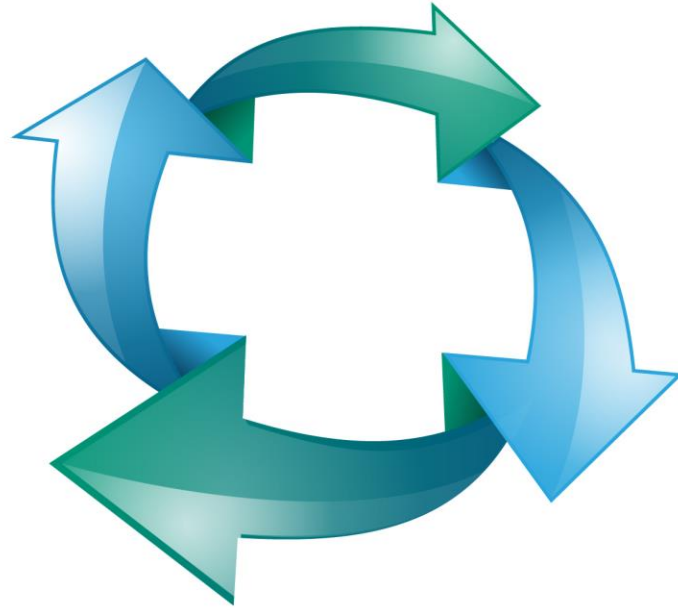
We will adopt the Kaizen method in the implementation of the accreditation process :

- Plan
- Do
- Check
- Act

PDCA cycle goes :

- Problem Finding
- Display
- Clear
- Acknowledge





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