

POLICY TITLE	NHRA Accreditation Policy V3.0
POLICY OWNER	Accreditation & Quality Group
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1. PURPOSE:

The purpose of this policy is to outline the framework, processes, and requirements for the accreditation of healthcare facilities by the National Health Regulatory Authority (NHRA). It aims to ensure that healthcare facilities comply with established standards, promote continuous quality improvement, and maintain patient safety and high-quality care across the Kingdom of Bahrain.

2. SCOPE:

This policy applies to all healthcare facilities eligible for accreditation by NHRA within the Kingdom of Bahrain, including hospitals and centers in both the public and private sectors. It covers all stages of the accreditation cycle, including application, consultation, survey visits, accreditation decisions, and ongoing monitoring throughout the accreditation period.

3. DEFINITIONS & ABBREVIATIONS:

Definitions:

Accreditation: A formal process of self-assessment and external evaluation conducted by NHRA to assess a healthcare facility's compliance with established standards and its commitment to continuous quality improvement.

Consultation Visit: An initial visit conducted by NHRA to assess a facility's readiness for accreditation and provide guidance prior to the formal survey.

Accreditation Survey Visit: An on-site evaluation conducted by an NHRA survey team to assess compliance with accreditation standards.

Governing Body: The group responsible for the oversight, direction, and accountability of the healthcare facility.

Quality Improvement Plan (QIP): A structured plan completed by the facility using the template provided by NHRA to address recommendations identified during the accreditation process.

Accreditation Cycle: The period during which accreditation is valid (typically four years), including ongoing monitoring and renewal requirements.

Recommendations: Actions identified by the survey team to address gaps and improve compliance with standards, categorized by priority (Critical, High, Medium, Low).

Abbreviations:

- **NHRA** – National Health Regulatory Authority
- **QIP** – Quality Improvement Plan
- **REQ** – Required Standard
- **ESS** – Essential Standard
- **EQP** – Enhanced Quality Practice
- **CEO** – Chief Executive Officer

- **HOD** – Head of Department
- **ISQua** – International Society for Quality in Health Care
- **WHO** – World Health Organization

4. POLICY STATEMENT:

The accreditation framework ensures that eligible healthcare facilities are assessed against established standards through a structured process, in alignment with rules and regulations, international best practices, and International Society for Quality in Health Care (ISQua) principles. This framework supports continuous quality improvement, patient safety, and compliance with regulatory requirements throughout the accreditation cycle.

5. PROCEDURES:

1 INTRODUCTION TO THE ACCREDITATION FRAMEWORK:

1.1 About the National Health Regulatory Authority (NHRA)

The National Health Regulatory Authority (NHRA) is an independent regulatory body established in 2010 under Law No. 38 of 2009. NHRA's vision is to ensure safe and high-quality healthcare for the people of Bahrain. We regulate the provision of healthcare in Bahrain and ensure the appropriateness, continuity, efficiency, and safety of health services in both the governmental and private sectors.

One of our fundamental roles as stewards of the health care system is to ensure that the system as a whole delivers the best possible healthcare outcomes for the people of Bahrain, based on scientific evidence and best practices, in accordance with international standards.

We aim to achieve our vision through three strategic goals:

- **Regulated and accountable healthcare facilities:** We ensure that all healthcare facilities meet the required standards for licensing.
- **Safe and trusted health services:** We are committed to continuously monitoring the quality of the provision of health services to ensure compliance with evidence-based practices and accreditation standards.
- **Preserving patients' rights and guaranteeing patient safety:** we will act to protect the rights and the safety of all people using the health care facilities.

1.2 The Purpose of NHRA Accreditation

Accreditation, as defined by the International Society for Quality in Health Care (ISQua), is a self-assessment and external peer-review process used by healthcare organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the healthcare system. Furthermore, according to the World Health Organization (WHO), accreditation can be the single most important

approach for improving the quality of healthcare structures. Accreditation is not an end in itself, but rather a means to improve quality. The accreditation movement is gaining prominence due to globalization and especially the global expansion of trade in health services. It will eventually become a tool for international categorization and recognition of hospitals.

The accreditation legal framework arose from the ratification of Law no. 21 of 2015 on private healthcare facilities, which, in Article 19, specified NHRA's responsibilities for reviewing and evaluating health services across all facilities. This is to ensure the quality of those services, ensure the highest performance, and ensure compliance with regulations and standards related to patient safety, clinical performance, infection control, medication management, continuity of care, risk management, and other technical standards.

In order to implement Article 19, the Supreme Health Council issued Decision No. (7) of 2016 specifying the required NHRA standards and subsequently issued Decision No. (26) of the same year regarding the accreditation of healthcare facilities in the Kingdom of Bahrain. Not only must an accredited facility meet the specific standards listed for each visited area at the time of the survey, but it must also demonstrate to the survey team that it has effective policies and systems in place to ensure those standards are met throughout the four-year accreditation cycle.

NHRA accreditation survey visits are conducted by highly experienced surveyors who provide appropriate, contextual, and feasible recommendations aiming to improve the quality and efficiency of services rendered by the surveyed facility as well as share established international best practices.

1.3 The Benefits of NHRA Accreditation

Implementing the accreditation framework reinforces NHRA's commitment to ensuring the high quality of health services provided and to rigorously evaluating and continuously monitoring them, so as to establish and maintain public confidence in Bahrain. Upon accreditation, the healthcare facility will be able to demonstrate that it has undergone a rigorous process, underpinned by internationally recognized standards, and its commitment to improving healthcare across the care continuum and to prioritizing the delivery of safe care to the people of Bahrain.

Accreditation will provide:

- An ongoing monitoring and evaluation system integrated with the licensing process, whereby accreditation is a mandatory requirement for a healthcare facility's license to remain in operation, in accordance with Law No. (26) of 2016 and NHRA Circular No. (2) of 2026.
- Assurance of good standing of a facility to all stakeholders, especially patients, families, and employees, as the facilities will be assessed against established internationally accredited standards, and in case there is a cause for complaint, a rigorous and comprehensive policy and process is in place to deal with it effectively.
- The creation of an ongoing, open, constructive partnership between NHRA and the healthcare facility will be accomplished through a series of reporting, communication, and follow-up visits throughout the 4-year accreditation

cycle.

2 THE ACCREDITATION PROCESS:

2.1 Introduction

Accreditation is based on a survey team visit to all facility service areas. Evidence is required to demonstrate that the facility maintains acceptable standards and complies with its legal obligations and NHRA licensing requirements throughout the accreditation period.

The facility must complete the Application Readiness Assessment Form before undergoing the accreditation visit. Once this is completed, NHRA will conduct a rigorous assessment regarding the facility's provision of care against the standards. A report of this visit is then considered by NHRA's Accreditation Committee, which can recommend the award, deferral, conditional, or refusal of accreditation, based on the evidence of whether standards have been effectively met. Additionally, specific recommendations will be provided to address the identified inefficiencies, and the facility is expected to implement them within the timeframe outlined in the following sections.

2.2 Steps Involved in the Accreditation Process

1. Accreditation Application.
2. Consultation Visit.
3. Application Readiness Assessment Form.
4. Survey Logistics.
5. Survey Visit.
6. Report Review and Validation.
7. Accreditation Award Decision.

Evidently, NHRA accreditation is a rigorous process, involving several stages before successful completion; therefore, it is likely to be several months between the date of application and the award of accreditation.

The time for the survey team to visit the facility depends mainly on the quality and completeness of the facility's initial application and the response time to queries and potential requests for further information. However, timescales are influenced by many factors and are subject to constraints, some of which are outside NHRA's control. NHRA will endeavor to provide the applying facility with provisional dates throughout the accreditation process.

2.3 Accreditation Standards

NHRA has developed two sets of standards (hospitals and centers). These standards address the organization's operations and the care of individuals within the facility environment and are designed to facilitate the effective

provision of safe care. The standards aim to keep them relevant and adaptable to the eligible facilities in the Kingdom, regardless of their size, scope, or governance arrangements.

There are three categories of NHRA elements: core elements, support elements, and facility-specific elements. The core elements are applied to all facilities. The elements of the other two categories are surveyed whenever the facility provides these services. It should be noted that a few standards within the applicable elements will be considered as 'not applicable' or 'not assessed within the facility. In such cases, these are agreed upon by the NHRA accreditation team. The standards for hospitals and centers are shared with healthcare facilities upon request.

TAGS:

- **Required standard (REQ)** reflects professional requirements, guidance, significant risk to patient or staff safety, or sound organizational practice in healthcare, and indicates criteria required for NHRA accreditation.
- **Essential standard (ESS)** is fundamental to the provision of service; however, partial or non-compliance may not lead to significant risk.
- **Enhanced Quality Practice standard (EQP)** and, if achieved, recognizes the center's strong commitment to quality improvement.

Indicators

A number of key indicators are requested for each element. These indicators are not included in the final assessment report, but are used to provide further information to the survey team to allow them to question more deeply and gain a greater understanding of the quality of care provided.

2.4 Recommendations Priorities

- **Critical priority** – those that the survey team considers critical for patient safety and needs immediate, urgent action. The specific service or operation under review shall be suspended immediately until the identified risk is rectified. The NHRA shall receive an official letter from the facility within two (2) working days from the time of notification, confirming that the breach has been stopped, the concerned service or operation has been ceased, and that it shall not resume unless the necessary approvals are obtained from the relevant NHRA department or other entity.

In such instances, the facility's accreditation status shall remain deferred until the declaration is reviewed and approved by the National Accreditation Committee.

- **High priority** - those that the survey team considers necessary to act upon as a matter of significant importance, like requirements mandated by Resolution No. (2) of 2019 (Classification of Health Care Facilities, Health and Technical Conditions; and Safety Requirements in its Premises).
- **Medium priority** - those action items that the survey team has concerns about, but which are of less importance and can be actioned in a longer timeframe, but within the 4-year accreditation cycle. These action points do not result in a recommendation to defer the decision on the award of accreditation or to give a conditional accreditation.

- **Low priority** – are the action items that the survey team considers would benefit the facility by enhancing the quality of the services offered and fostering best practices. These action items will not, on their own, affect the decision to award accreditation, but the facility should act on them within the 4-year accreditation cycle.
- **Areas of improvement** – that the survey team can give to the facility for the best practice, but it will not affect the decision or the compliance status.
- **Commendations** – positive feedback that the surveyors found during the accreditation process/visit.

2.5 Scoring and Rating Scale

The surveyors rate compliance by assessing each requirement using the guidance to form their questions and checks for compliance. The rating is based on the documentation and verification of evidence available during the survey interviews and observations made during the visit, assessing how the facility performs against those NHRA standards. The survey team decides on one of the following six ratings when considering the level of compliance with each standard:

Fully Met – All requirements of the standard are implemented and consistently maintained. Opportunities for improvement beyond the standard may exist, but their absence does not affect full compliance.

Met – the majority of requirements are in place (between 70 – 99%), but a recommendation has been noted for those not in place.

Partially Met – not all requirements are in place (between 30 - 69%), and there are identified recommendations for those not in place.

Not Met – when the requirements have not been met (under 30%), and there are identified recommendations for those that are not in place. Usually used when the standard is absent, minimally implemented, or ineffective in practice.

Not Assessed – used when the facility has not addressed EQP-tagged requirements, or according to NHRA's internal decision.

Not Applicable – agreed by the survey team that standards and/or requirements do not apply to the facility.

2.6 Categorization of Accreditation Awards

Based on the accreditation awarded, the facility will be categorized by NHRA into one of the following categories:

Diamond: For facilities that achieve 95% or above of the accreditation standards.

Platinum: For facilities that achieve between 90% and 94% of the accreditation standards.

Gold: For facilities that achieve between 80% and 89% of the accreditation standards.

Silver: For facilities that achieve between 70% and 79% of the accreditation standards.

The accreditation final award status is calculated based on the scores achieved for the REQ and ESS standards. Additionally, the facility will receive, in its award letter, a percentage of the EQP standards implementation, as

assessed by the survey team during the visit. This demonstrates the facility's commendable dedication to maintaining high standards, implementing best practices, and continuously improving the quality of healthcare services provided in Bahrain.

2.7 Center of Excellence Awards

These special awards are given to the accredited facilities following their excellent achievement in the three main vital areas based on the facility's performance:

1. **Center of Excellence in Governance** designation for the commendable integrated governance structure and culture of transparency and collaboration that fosters patient safety.
2. **Center of Excellence in Infection Prevention and Control** designation for the culture of open communication and interdepartmental collaboration in infection control practices.
3. **Center of Excellence in Quality and Patient Safety** designation for its unwavering commitment to providing the highest quality, safe patient care.

2.8 Fees Associated with Accreditation

Accreditation fees are based on Resolution No. (20) of 2016 specifying the annual fees for private facilities, as follows:

Facility	Type	BD Annual Fees
Hospitals	Less than 50 beds	5,000
	51 to 100 beds	7,000
	More than 100 beds	10,000
Centers	2 to 5 services	500
	6 to 10 services	1,000
	More than 10 services	1,500
Clinics	-	300

Facilities in the first accreditation cycle should settle payment before accreditation logistics take place. Accredited facilities must submit the annual renewal fees as per the first award date to maintain the validity of their accreditation. The fees are fixed for each cycle (up to four years); only under exceptional circumstances, such as a change in category and approval from the accreditation committee, can they be reviewed or adjusted. The facility must submit a new application form with every new accreditation cycle. Fees are based on the following criteria:

- For hospitals, fees are based on bed count; only inpatient beds are considered based on the application form and the NHRA database.

- For centers, fees are based on the number of services/specialties provided by the facility as per the active services submitted in the application form and the NHRA database.
- The due date for the fees is fixed for all accredited healthcare facilities based on the date of their first award letter. Regardless of any appeal decision, the date will remain fixed unless changes are initiated due to a change in the NHRA's process.
- During the renewal year, the facility is expected to pay the fees commencing the logistical preparations. Failure to do so will delay the accreditation process and may result in further consequences.
- Facilities should declare on the application the scope and practice that is currently operating at the facility. The survey will include all services that are actively operating at the time of the survey.

3 APPLICATION

3.1 Applying for Accreditation

All eligible facilities must apply for accreditation and renew it before the end of each cycle. Once the application has been submitted and reviewed, facilities may be asked to provide additional documentation and/or respond to queries regarding their submission.

Accreditation Journey:

1. The facility initiates the accreditation process.
2. A consultation visit will be scheduled, during which the facility will receive feedback. Based on this feedback and the availability within the accreditation calendar, the facility will be tentatively scheduled for the survey visit.
3. The facility must submit the Application Readiness Assessment Form within three months before the scheduled survey dates.
4. The National Accreditation Committee will review and approve the survey team assigned to conduct the visit.
5. Survey logistics will begin, and the facility shall submit all required documents prior to the survey visit.
6. The approved NHRA survey team will conduct the survey visit.
7. Following the visit, the survey report will be reviewed in-depth by multiple levels, including the National Accreditation Committee, and the committee will formulate a recommendation regarding the accreditation status and any required improvements. This recommendation is then approved by the CEO.
8. NHRA officially communicates the final decision to the facility. The post-survey decision process takes between 8 and 12 weeks from the last survey visit date.

* NHRA will not begin the survey logistics until proof of full payment of the accreditation fees is provided.

3.2 Application Readiness Assessment Form

All facilities are required to complete and submit the Application Readiness Assessment Form, which includes the facility's details, contact address, scope of services, and assessment of structural and procedural elements that are in

place and correspond to applicable NHRA standards before the actual visit of the survey team. The form must be submitted in English. Facilities are expected to complete the Application Readiness Assessment Form in as much detail as possible and to provide a completely transparent evaluation of their strengths, weaknesses, and compliance with NHRA standards. Self-assessment is an essential tool in the quality improvement process and should be considered as a built-in component of the facility's regular review system. This exercise will help the facility prepare fully for the visit and ensure that evidence is available for the survey team to base their judgments on.

It is likely that, upon completing this exercise, the facility will identify the need for further evidence and should develop an action plan to ensure that, by the time of the visit, this evidence will be available. The Application Readiness Assessment Form provides tables for recording evidence and documenting required actions.

3.3 Consultation Visits

Facilities applying for first-cycle accreditation are scheduled for a consultation visit. The purpose of this visit is to assess the facility's level of readiness and compliance with accreditation standards. Following the consultation visit and based on the score achieved, the survey visit dates will be scheduled according to the accreditation calendar's availability.

4 ACCREDITATION VISIT

4.1 The Visit Processes

The accreditation process includes a rigorous on-site visit. All NHRA elements are integrated to produce a comprehensive accreditation report tailored to eligible healthcare facilities licensed in the Kingdom. The survey team assesses facilities against applicable core and support elements. The accreditation visit will include:

- Off-site review of all supporting documents before the visit.
- An introductory meeting with facility leadership/staff and a brief presentation by the facility.
- A tour of the facility.
- Interviews with the facility's leadership and staff.
- Field/Area visits.
- A closing meeting with the facility's leadership and staff to discuss a summary of findings and recommendations.
- A post-survey evaluation form to evaluate the effectiveness of the survey visit, surveyor competencies, coordination, communication, etc.

* After the closing meeting, the facility will be given an additional opportunity to submit any other documents that were either missing or not shown to the surveyors for any reason. The facility must submit any additional documentation by 5:00 p.m. on the day of the final meeting via email to accreditation@nhra.bh. However, the facility

must be aware that newly established documents or corrective actions taken in response to surveyors' feedback will not be accepted, and the recommendation will remain in the report as observed.

4.2 Preparing for the Visit

Once a visit has been organized, the facility will receive written confirmation from the NHRA, via the NHRA Coordinator, regarding the dates, the names of the survey team members, and details of the visit. The survey team is carefully selected by NHRA, taking into account the team members' experience, specialties, potential conflicts, availability, and the nature of the facility and its services. The team includes experienced professionals (doctors, dentists, nurses, engineers, pharmacists, allied health professionals, etc.) and, when needed, subject-matter experts to ensure an appropriate level of expertise in case sub-specialty services are required.

The survey team usually comprises:

- A lead surveyor, responsible for leading the survey team, managing any potential issues that may arise during the visit, and ensuring that the visit is carried out according to published guidelines and covers all the standards.
- NHRA coordinator, responsible for liaising with the facility, liaising between the survey team and NHRA, compiling the report, and handling all other administrative issues and arrangements.
- Expert surveyors selected by NHRA. The number and specialties of these surveyors will depend on the facility's size and the scope of services offered.
- NHRA observers/trainees may be included in the team for training purposes.

The facility will be informed of the names of the surveyors before the visit, and can make recommendations to NHRA if there is a reasonable basis to believe a conflict of interest exists with any surveyor. Once the selection is finalized, selected team members will be required to sign a declaration identifying any conflicts of interest. They are also required to ensure the confidentiality of the process and the outcome of the visit.

The visit timetable will be developed by the NHRA coordinator prior to the visit. The facility will be required to facilitate this by providing adequate staff, information, and program timetables, and by suggesting the right time for key personnel to be available to meet with the surveyors. The surveyors intend to minimize disruption to the facility's normal activities during the visit. All documentation the surveyors require must be gathered and collated electronically for online submission before the visit, except for confidential documents, which can be presented on-site.

4.3 Facilitation of the Visit by the Healthcare Facility

The NHRA accreditation coordinator will be the liaison between the facility and the team for all administrative matters. The coordinator will manage the visit timetable and coordinate the team's meetings with all professionals at the

facility. A dedicated room must be available throughout the duration of the visit for the team to use. This should be located centrally in the facility, within easy reach of the administration and the CEO, if possible. It should provide privacy for internal team discussions, and team members should be able to leave personal belongings safely during the visit. Whenever possible, internet access should be available in the room. A dedicated parking area for surveyors is required. All documentation that needs to be reviewed by the survey team must be placed in this room, either hard or soft copy.

4.4 Making Changes to the Visit Date or Surveyors

Facilities should adhere to the NHRA-provided survey dates. However, if rescheduling or postponement is needed, facilities must submit a written request, including the justification. The National Accreditation Committee reserves the right to reject or approve any such requests. Under exceptional circumstances, when the National Accreditation Committee approves a change request, facilities may postpone their visit in accordance with the existing postponement process.

NHRA also reserves the right to change the date of the visit or surveyors before the commencement of the visit. NHRA would make such changes only when all other options have been exhausted, and proceeding with the visit as planned would be impossible or detrimental. Facilities will be notified of any changes in survey dates or survey team members before the visit.

5 REPORTING ON THE SURVEY FINDINGS

The team will conduct meetings to discuss findings and agree on judgments, recommendations, and action items. The report is reviewed and edited by the NHRA survey team and the visit coordinator. The final decision on the facility's accreditation status will be released by the National Accreditation Committee after a thorough review of the compliance score, recommendations, and the survey team's comments. The final report is then reviewed and approved by the CEO.

5.1 The Report Format

The facility report will include the following sections:

- Brief on the background of the facility and its surveyed scope of services
- Background and context for the visit process
- Facility staff capacity
- Survey Team Members
- Methodology and process
- Areas for improvement
- Summary Findings

- Commendations
- Recommendations.
- Compliances.
- Final Judgment

5.2 Reviewing the Reports

Once submitted by the survey team, the report will be reviewed by the visit coordinator for completion and validation, then undergo multiple levels of review by the accreditation department doctors, the accreditation and quality chief, and the National Accreditation Committee. Reviewers will consider several elements of the report, including the following:

- The report has been completed according to the guidelines established.
- All sections have been fully completed, and judgments have been made for all applicable standards.
- Recommendations are included for all standards that have a compliance of 'met', partially met', or 'not met.'
- The consistency of reporting, including the comments that describe the inefficiencies found and that justify either partially met or not met standards.
- Appropriateness and clarity of the language used.
- The existence of clear evidence for the reported judgments
- The recommendations are aligned with NHRA regulations and best practices.

6 THE AWARD OF ACCREDITATION:

6.1 Decisions on the Award of Accreditation

The National Accreditation Committee can recommend the award of accreditation/re-accreditation, conditional accreditation, deferral, or refusal of accreditation. In exceptional circumstances, suspension or withdrawal of a facility's accreditation can also be recommended. The facility will be informed of the NHRA's decision within 8-12 weeks of the survey visit date, but this may be subject to delays due to circumstances beyond its control. NHRA will send the awarding letter, a copy of the report, and the accreditation certificate with the quality improvement plan to the facility.

6.2 Deferral of Accreditation

A decision to award accreditation status can be deferred in cases where:

- Critical issues concerning patient safety have been identified in the facility, and they require immediate corrective action. The decision to award accreditation is deferred until the necessary corrective action is completed,

and the period may not exceed 6 months. The NHRA decision to defer is independent of the facility's final score.

- If, in the facility, major violations of the conditions stated in Resolution No. (2) of 2019 (Classification of Health Care Facilities, Health and Technical Conditions; and Safety Requirements in its Premises) are identified.

Before the end of the deferral period, the National Accreditation Committee will require the facility to either undergo a supplementary visit or submit adequate documentary evidence that the outstanding requirements have been completely met or all issues have been resolved. A report of the supplementary visit by selected NHRA surveyors, or a documentary submission from the facility, will be considered by an identified team. The report will then be submitted to the National Accreditation Committee before the end of the deferral period. A recommendation for accreditation or re-accreditation will be made subsequently. If the facility fails either to submit satisfactory documentary evidence or undergo a supplementary visit before the end of the deferral period, the National Accreditation Committee may recommend refusal or withdrawal of accreditation.

6.3 Conditional Accreditation

- The facility will be awarded a conditional accreditation status in the case where more than 2% of the “High Priority” recommendations among assessed standards have been made that require non-critical corrective actions. In such cases, the decision to award accreditation is considered conditional until the required corrective action is completed in up to six months. The NHRA's decision on conditional accreditation is independent of the facility's final score.
- In case the facility fails to timely and effectively reduce the high-priority recommendations to 2% or less, as assessed by the NHRA surveyor, the National Accreditation Committee may recommend either extending the conditional period to a maximum of 6 months or withdrawal of accreditation.

6.4 Refusal, Suspension, Withdrawal, Extension, or Withholding of Accreditation

- The National Accreditation Committee may recommend the refusal, suspension, extension, withholding, 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 was less than 70%. In such cases, the facility has 6 months to address all Critical and High-Priority recommendations. After this period, the facility has to undergo a smaller-scale supplementary visit to ensure the effective completion of at least the pending Critical Priority recommendations. If all Critical recommendations are effectively managed but High-priority recommendations remain pending, the facility will be granted another six months to rectify them.
- Failing to achieve accreditation after the expiry of the above-mentioned periods will result in the withdrawal of the accreditation and suspension of the facility's license. If accreditation is refused or withdrawn, the reasons will be clearly explained in the report and the accompanying letter.
- The facility has the right to appeal against NHRA decisions.

- The accreditation committee may decide to extend the validity of the accreditation status of a facility under very specific circumstances.
- The accreditation committee may also decide to withhold the accreditation status of a facility under very exceptional circumstances, with approval from the CEO.

7 AFTER ACCREDITATION HAS BEEN AWARDED

It is a condition of accreditation that certain basic information on accredited facilities be published on the NHRA website. Newly accredited facilities will be added to the NHRA Directory of accredited facilities once the decision letter and accreditation report have been dispatched. Facilities whose accreditation has been withdrawn will remain on the website until the time allowed for appealing has expired and any subsequent appeal process has been exhausted.

7.1 Maintaining Accreditation

Gaining accreditation, although a major achievement for any healthcare facility, is not the end of the process. Accredited facilities have a continuing responsibility to maintain the standards required for NHRA accreditation and to fully cooperate with NHRA in monitoring the implementation of those standards. Specific duties arising from these responsibilities are listed below:

- Continue to comply with all relevant laws and regulations, including those concerned with licensing.
- Work to meet the requirements set out in previous NHRA reports and implement the additional specific recommendations according to the agreed-upon timeframe.
- Continue to maintain all the standards required for NHRA accreditation and make further improvements by implementing new Quality Improvement Projects.
- Promptly pay the required annual fees.
- Undergo a full re-accreditation visit before the expiry date of the facility's current accreditation.
- It should be noted that timely and effective fulfillment of the NHRA recommendations will be assessed and counted as part of the evaluation of the subsequent (after 4 years) accreditation cycle.
- In addition, it is expected that all accredited facilities, during the 4-year accreditation cycle, should initiate and effectively implement 1-3 new Quality Improvement projects (depending on the size of the facility) that will have a measurable beneficial impact on patient care and organizational efficiency.

7.2 Withdrawal and Suspension of Accreditation

Occasionally, NHRA is required to suspend or withdraw accreditation from a healthcare facility because it has failed to meet the conditions for maintaining accreditation or because its provision no longer meets NHRA's standards. Suspension is a private arrangement between the facility and NHRA and is usually accompanied by requirements to

be met by a stated deadline. The time allowed to meet requirements will be set by the National Accreditation Committee. Withdrawal of accreditation means the facility is removed from the Directory of accredited facilities, which will adversely affect the facility's operating license. The facility may appeal against the withdrawal of accreditation. There are several reasons why accreditation can be suspended or withdrawn:

- If the follow-up report shows that the facility is failing to complete the required corrective actions as described in the Action Plan
- Failure to comply with all relevant laws and regulations of NHRA.
- Failure to apply for re-accreditation by the deadline given.
- Failure to undergo a re-accreditation by the accreditation expiry date.
- The submission of false or intentionally misleading statements on the forms or in associated documents of the application.
- Non-payment of required annual fees.

7.3 Quality Improvement

- After the release of the accreditation award, NHRA will provide the official Quality Improvement Plan (QIP) template to the facility.
- The Quality Improvement Plan (QIP) is a formal plan developed to address all recommendations arising from the accreditation survey visit. The facility should outline the proposed corrective actions, intermediate steps, expected completion dates, and the personnel responsible for implementation and follow-up.
- As part of NHRA's quality monitoring process, all accredited facilities should submit the updated quality improvement plan annually, and a visit may be scheduled if needed.
- NHRA-selected surveyors will review the facility's progress on implementing the QIP, provide feedback, and ensure that corrective actions are on track. The reviewed QIP will then be shared with the facility to guide ongoing quality improvements.

7.4 Statement of Accreditation

Following the award of accreditation, the facility is permitted to use the statement of accreditation and is listed in the NHRA Directory of Accredited Healthcare Facilities on the NHRA website. The use of the statement in promotional materials is subject to certain conditions. Acceptable forms of the statement are:

- "Accredited by the National Health Regulatory Authority, Kingdom of Bahrain."
- "NHRA Accredited".

7.5 Re-Accreditation Applications

NHRA accreditation is valid for 4 years; facilities are required to renew their applications and undergo a complete reaccreditation process. NHRA expects accredited facilities to develop and improve their quality improvement processes throughout the accreditation period.

The facility will be notified before the accreditation expires and will be outlined in the reaccreditation application procedure. The deadline for submitting the Application Readiness Assessment Form and the end-of-cycle Quality Improvement Plan is 3 months before the scheduled survey visit.

NHRA will begin processing the re-accreditation submission only after all application requirements are met, including payment of the renewal accreditation fees. Renewal fees must be paid before the scheduled re-accreditation visit, even if the facility's current accreditation has not yet expired.

8 APPEALS:

A surveyed facility can appeal against the following accreditation decision:

1. Not accredited (denial of accreditation).
2. When the overall score is between 70-79%.
3. Suspension/revocation of accreditation.

The right of appeal is granted solely to provide the facility with the means of challenging either the assessment of the surveyors during the visit or their judgment in coming to their recommendations.

A facility has no right within this appeals procedure to challenge either the criteria assessed, the standards required for NHRA accreditation, or the general regulations that accredited facilities must follow. The facility's right within this procedure is to challenge the application of these criteria, standards, and regulations in its individual case.

8.1 Appeal Submission

If the facility is entitled to appeal and wishes to appeal a decision, it must submit a written appeal to the NHRA CEO. NHRA must receive this written letter within a period not exceeding one month of the date of the award letter that informs the facility of the decision. All correspondence is sent to the designated person declared by the facility. The facility must ensure that any correspondence addressed to the designated contact is opened and dealt with in their absence.

NHRA will decide the outcome of this appeal within 60 working days of the date of appeal submission; however, the facility award date will not be changed even if the status changes after the appeal. The accreditation due date is fixed based on the first award letter issued.

8.2 Grounds for an Appeal

The appeal submission against the accreditation decision must clearly state the grounds for the appeal, selecting one of the following grounds:

1. Relevant and significant information, which was available to the survey team, was not considered in the decision-making of the accreditation compliance.
2. The report of the surveyors was inconsistent with the information presented to the survey team.
3. Perceived bias of a surveyor(s)
4. Information provided to the survey team was not duly considered in the survey report.
5. The Accreditation Committee did not have all the relevant information available to it at the time the decision was made.
6. The decision was not made in accordance with the procedures or criteria set out in the Accreditation Policy.

8.3 The Appeals Process

An appeal request will be forwarded to the Appeals Committee, an unbiased body comprising one independent Chair and members who did not participate in the original process that led to the Accreditation Committee's recommendation. The Appeal Committee should:

1. Consider the grounds for the appeal as alleged by the healthcare facility.
2. Study the evidence submitted by the facility in support of its allegation.
3. Consider the report of the survey team and other supporting statements and documents.
4. Consider whether the survey team and National Accreditation Committee substantially followed stated policies and procedures.
5. Consider whether the survey team made substantial errors or omissions, which affected the recommendation of the National Accreditation Committee.
6. Consider whether the evidence at the time the accreditation decision was made was wrongly assessed.

8.4 Additional Procedures for Appeals

No appeal will be heard while the facility owes any fees to NHRA. If the facility fails to settle all outstanding debts within ten working days of its notice of appeal, its right to appeal will expire.

The facility's award status will remain published on the NHRA website until the Appeals Committee has completed its review and approved any changes to the award status. (An accredited facility remains accredited with the initial award received, and an unaccredited facility remains unaccredited.) If the appeal is dismissed, NHRA's decision will be

binding. A new complete application will need to be submitted if the facility wishes to reapply for NHRA accreditation. However, the re-application will not be considered until NHRA is first satisfied that all the requirements set out in the refusal/withdrawal letter have been, or shortly will be, met.

8.5 Recommendations on Appeals

At the end of the hearing, the Appeal Committee may make one of three recommendations:

- To dismiss the appeal
- To recommend a new visit
- Reinstate accreditation or re-accreditation.

8.6 After the Appeal Hearing

- The Chair of the Appeal Committee will issue a written report to the CEO of NHRA to set out a final judgment, and its grounds, and, if appropriate, recommend any changes in the accreditation process, at which point the procedure will be deemed to be exhausted.
- NHRA will inform the facility of its final decision.
- On completion, the appealing facility will have no further recourse to the appeals process.

6. APPENDICES:

Not Applicable

7. REFERENCES:

- National Health Regulatory Authority (NHRA), Accreditation Policy, Version 2.2, September 2024.
- Law No. (38) of 2009 establishing the National Health Regulatory Authority.
- Law No. (21) of 2015 on Private Healthcare Facilities.
- Supreme Health Council Decision No. (7) of 2016 on NHRA Standards.
- Supreme Health Council Decision No. (26) of 2016 on Accreditation of Healthcare Facilities in the Kingdom of Bahrain.
- NHRA Circular No. (2) of 2026 on Healthcare Facilities Accreditation
- International Society for Quality in Health Care (ISQua) – Principles for Healthcare Standards.
- World Health Organization (WHO) – Quality of Care and Accreditation Frameworks.