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BAHRAIN



مملكة البحرين  
Kingdom of Bahrain

# الهيئة الوطنية لتنظيم المهن والخدمات الصحية NATIONAL HEALTH REGULATORY AUTHORITY

## NATIONAL ACCREDITATION POLICY FOR HEALTHCARE FACILITIES

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# 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 a safe and high-quality healthcare for the people of Bahrain. We regulate the provision of healthcare in Bahrain and ensure appropriateness, continuity, efficiency and safety in delivering health services, both in the governmental and private sectors.

One of our fundamental roles as a steward of the health care system is to ensure the system as a whole delivers the best possible healthcare outcomes for the people of Bahrain based on scientific evidence and healthcare best practices, in accordance to international standards. We aim to achieve our vision through three strategic goals:

- **Regulated and accountable healthcare facilities:** We ensure that all health care facilities meet the required standards for licensing.
- **Safe and trusted health services:** We are committed to continuously monitor the quality of the provision of health services to ensure compliance with evidence-based practices and accreditation standards.
- **Preserving patients' rights and guaranteeing of 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 health care 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 the expansion of trade in health services. It will eventually become a tool for international categorization and recognition of hospitals.

The legal framework of accreditation came about in response to the ratification of Law no. (21) of 2015 regarding private health care facilities which specified, in Article 19, NHRA's responsibilities for reviewing and evaluating the health services in all facilities. This is to ensure equality of those services, ensure 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 health care facilities in the Kingdom of Bahrain. Not only must an accredited facility meet the specific standards listed for each of the visited areas 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 that the standards continue to be met throughout the three-year accreditation cycle.

NHRA accreditation survey visits are conducted by highly experienced surveyors certified by the Saudi Central Board for Accreditation of Health Care Institutions (CBAHI). They provide appropriate, contextual and feasible recommendations aiming to improve 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 the commitment of NHRA to ensure the high quality of health services provided, and that these services are rigorously evaluated and continuously monitored 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 prioritizing delivery of safe care to the people of Bahrain.

Accreditation will provide:

An on-going monitoring and evaluation system, which complements the licensing process, as accreditation will be mandatory for a license to remain in operation.

Assurance of good standing of a facility to all stakeholders, especially patients, families and employees, as the facilities will be assessed against established international standards and in case there is a cause for complaint, a rigorous and comprehensive policy and process is in place to effectively deal with it.

The creation of an on-going, open, constructive partnership between NHRA and the healthcare facility that will be accomplished through a series of reporting, communication and follow-up visits throughout the 3-year accreditation cycle.

## 2. THE ACCREDITATION PROCESS

### 2.1 Introduction

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

The facility must complete a self-assessment report before undergoing the accreditation visit. Once this is completed, NHRA will conduct a rigorous assessment regarding 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. In addition, specific recommendations will be made in order to rectify the identified inefficiencies, and the facility is expected to implement them within the timeframe as described in the following sections.

### 2.2 Steps involved in the accreditation process

1. The facility completes and submits its application for accreditation with the supporting documents and self-assessment report to NHRA.
2. The NHRA Accreditation Committee reviews the application form and supporting documentation.
3. The Accreditation Committee will assign the surveyors and arrange the survey visit in consultation with the facility.
4. The survey visit is conducted by the selected NHRA survey team for each facility.
5. The surveyor team during the visit will prepare the survey report.
6. The report is considered by the NHRA Accreditation Committee, which makes the recommendation on the award of accreditation, along with the specific recommendations that are made by the survey team. The Accreditation Committee then, raises this recommendation to the CEO, who will eventually finalize the decision.
7. NHRA officially notifies the facility of the final 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 timeline for the survey team visit to the facility is largely dependent 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 endeavour to provide the applying facility with provisional dates throughout the accreditation processes (please refer to Annex 1 for the accreditation pathway).

## 2.3 Accreditation Standards

NHRA has developed standards for each type of health care facility. These standards address the operation of the organization as well as the care of individuals in the facility environment and are designed to facilitate the effective provision of safe care. The intent of the standards is to keep them relevant and adaptable to all facilities licensed in the Kingdom, regardless of their size, scope and governance arrangements. These standards are organized into twenty-seven (27) elements.

There are three categories of NHRA elements: The core elements, the support elements and the facility-specific elements. The core elements are applied to all facilities. The elements of the other two categories are surveyed whenever are applicable to the facility and the type of services they provide. It should also be noted that few standards or sub-standards of all elements may not be directly applicable to each facility. In such cases, the survey team will consider them as not-applicable. Each type of facility, whether a hospital or a medical center, has specific standards that are published on NHRA website: [www.nhra.bh](http://www.nhra.bh).

## 2.4 Categorization of Accredited Health Care Facilities

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 more 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 categories will be allocated according to the judgments made for each standard in a particular area, which are, in turn, based on the documentation and evidence available during the survey visit as to how the facility performs against those NHRA standards. The survey team decides on one of the following four categorical assessments, when considering the level of compliance in each standard:

- Fully met
- Partially met
- Not met
- Not applicable

The final assessment of each standard is in effect qualitative, although a rough quantification is considered. By defining as “fully met”, a standard when over 80% of the sub-standards are met. In the category of “partially met” the overall judgment falls between 50-80% and in the “not met” category, when less than 50% is achieved. In the expert’s judgment the criticality of each substandard weighs more than the total number of them within a standard that were met or not met.

## 2.5 The Accreditation Cycle

Successful applicants are awarded accreditation for three years. Within six weeks of receiving their NHRA Accreditation Report, the facility will be required to submit a detailed Quality Improvement Action Plan, describing the corrective action that is planned by the facility to meet the requirements of all NHRA survey recommendations. In addition, an annual self-assessment report, should be submitted showing the facility's progress and achievements. In this frame, NHRA will conduct annual follow-up support visits to ensure effective implementation of planned activities, as well as to ensure continuous compliance of the achieved standards.

If the facility has high priority recommendations, a follow up visit will follow in due time –usually at six months- to assess the progress of the corrective actions.

The facility must apply for re-accreditation six months prior to the accreditation expiry date (all facilities applying for renewal of license must have been through at least one cycle of accreditation and should have in place a plan to address all recommendations). After three years, all facilities will undergo a new round of accreditation and in considering the report for reaccreditation, NHRA may either recommend awarding re-accreditation for three years, change the category of accreditation, or withdraw accreditation from the facility should it fail to maintain the standards required or implement the agreed upon recommendations.

Any facility, which has been unsuccessful in either gaining, or retaining accreditation, or is awarded a score between 70% to 79%, may appeal against the decision of NHRA (see section 8 of this policy).

Any facility, which fails to achieve the accreditation award after the appeal or the appeal is dismissed by NHRA, will not be licensed to practice. As per decision no 26 for 2016, the facility will be suspended and given a period of 6 months to implement improvement, raise its standard and re submit to be evaluated by NHRA. Failure to achieve 70% score after the second attempt, will result in permanent closure of the facility.

## 2.6 Fees associated with accreditation

Accreditation fees are issued by the Minister of Health by decree no (20) of 2016 specifying the annual fees for private facilities, as follows:

Facility	Type	BD Annual Fees
Hospitals	Less than 50 beds	5000
	51 to 100 beds	7000
	More than 100 beds	10000
Centers	2 to 5 clinics	500
	6 to 10 clinics	1000
	More than 10 clinics	1500
Clinics	-	300

**The above fees must be submitted with the application form. The facility must submit the fees annually to be able to maintain its' accreditation.**

## 3. APPLICATION

### 3.1 Applying for accreditation

All facilities licensed by NHRA applying for accreditation for the first time are required to complete and submit a formal application for accreditation to NHRA CEO six months prior to renewal of their license (brand new facilities will be given a grace period of one year of operation before the time that they must submit for accreditation). Once the application and supporting documents have been submitted and reviewed, facilities may be asked for additional documentation and/or queries regarding their submission. From the submission of the application, a timeframe will be applied to the time that will be taken by NHRA accreditation team to review the material and potentially raise queries with the facility. Time will be given to the facility to submit any further complementary material that may be requested by NHRA. Accreditation applications will only be valid for six months after submission. If the submission is not complete by the end of the six months, the applicant will be required to re-submit the entire application for accreditation along with the required fees.

The following documents are required to complete the submission for accreditation:

- Letter of intent for accreditation
- Completed application form (Annex 2)
- Self -assessment report (Available on NHRA website: [www.nhra.bh](http://www.nhra.bh).)
- Required supporting documentation (Annex 3) (can be arranged to be reviewed in the hospital)
- Payment of annual accreditation fee

NHRA will not begin review of the facility application until proof of full payment of the annual accreditation fees.

### 3.2 Application review

The facilities will receive an official notice from the CEO, confirming that their application has been received. However, the review of the facility's application can take up to two weeks to allow for a thorough review.

Once all the outstanding issues have been resolved, the complete application will be considered by the NHRA Accreditation Committee, which will assign a survey team to conduct the on-site survey visit and submit the survey report.

### 3.3 Self-assessment report

Facilities are required to complete and submit a self-assessment report assessing structural and procedural elements that are in place and correspond them to all NHRA's standards prior to the actual visit of the survey team. The self-assessment report must be submitted in English. Facilities are expected to complete the self-assessment report (available on NHRA website: [www.nhra.bh](http://www.nhra.bh)) in as much detail as possible and to be completely transparent in their evaluation of their strengths, weaknesses and compliance with NHRA standards. Self assessment is a very important tool in the quality improvement process and should be considered as a built-in component of the facility's regular reviewing system. This particular exercise will effectively help the facility to be prepared in full for the visit and to ensure that evidence is available upon which the survey team can base their judgements.

It is likely that in completing this exercise the facility will identify that further evidence is needed and should make an action plan for ensuring that by the time of the visit this evidence will be available. The self-assessment report provides tables for the recording of evidence and actions required. The self-assessment report must be completed and sent to NHRA along with the application form for accreditation and re-accreditation.

### 3.4 Re-accreditation applications

NHRA accreditation is valid for three years; facilities must submit an application for re-accreditation and undergo a full re-accreditation process every three years. NHRA expects accredited facilities to develop and improve their quality improvement processes over the period of accreditation.

The NHRA accreditation coordinator will contact the facility six months prior to the accreditation expiry date and outline the re-accreditation application procedure. The deadline for the submission of the re-accreditation application is 3 months before the expiry date of the facility's current accreditation. To remain accredited, NHRA must receive the facility's application for re-accreditation by this deadline. The application should include the following:

- Letter of intent for re-accreditation from the facility CEO
- Accreditation application form (Annex 2)
- Self-assessment report (available on NHRA website: [www.nhra.bh](http://www.nhra.bh))
- Required supporting documentation (Annex 3)
- Payment of required fees.

The re-accreditation application form and guidance notes can be downloaded from the NHRA website.

NHRA will only start processing the re-accreditation submission once the completed application requirements for re-accreditation, along with full payment of the annual fees by the deadline given, are received. Any facility that fails to undergo a re-accreditation process with out having been granted an extension by the NHRA will risk the withdrawal of their accreditation status and suspension of their license.

## 4. ACCREDITATION VISIT

### 4.1 The visit process

The accreditation process involves a rigorous on-site visit. All NHRA elements are built upon to create a comprehensive accreditation visit report, which is specific to each type of healthcare facility that is licensed in the Kingdom. All facilities are assessed against all core elements. The applicability of support elements is assessed accordingly by the survey team, and the facility specific elements are only assessed in the facilities that provide the service/s identified. The visit will include, in addition to a comprehensive documentation review:

- review of all supporting documents (this can also be done prior to the survey visit) ;
- an introductory meeting with staff (members of the management team) and a brief presentation of the facility;
- a tour of the facility;
- a meeting with leadership and senior management team (Chief of medical staff, Nursing director, human resource director, quality officer);

- a meeting with a representative group of doctors, nurses or pharmacists;
- Field/Area visits;
- a final meeting with the CEO and senior management team to discuss in details all findings and recommendations;
- Summation meeting with all staff of the facility (with prior approval from the senior management).

## 4.2 Selecting the survey team

NHRA has a large pool of certified surveyors available to conduct on-site, facility visits. The survey team is carefully selected by NHRA, taking into account the experience, specialties, location, availability and the nature of the facility and its services. The team includes speciality-specific experienced professionals (doctors, dentists, nurses, engineers, pharmacists, allied health professionals, administrators) and when needed subject matter experts to ensure appropriate level of knowledge in case sub-speciality services are rendered.

NHRA's surveyors are required to sign a declaration identifying any conflicts of interest. They are also required to ensure confidentiality as to both the process and the outcome of the visit.

The facility will be informed of the names of the surveyors before the visit and can make recommendations to NHRA, in case it is felt that there could be a conflict of interest with any one particular surveyor.

The surveyor team usually comprises of:

- A lead surveyor, responsible for co-coordinating the survey team, arranging the visit timetable, managing any potential issues that may arise during the visit, compiling the report and ensuring that the visit is carried out according to published guidelines and covers all the standards.
- NHRA facilitators, responsible for liaising with the facility
- Expert surveyors selected by NHRA. The number and specialty of these surveyors will be based on the facility size and scope of services offered.
- The NHRA Consultant to CEO, aiming to actively support all activities of the survey team.
- After prior agreement with the facility management, NHRA observers/trainees may be included in the team for training purposes.

The visit timetable will be developed prior to the visit by the lead surveyor, in consultation with the facility through the NHRA accreditation coordinator. The facility will be required to facilitate this by providing adequate staff, information and program timetables by suggesting the right timing at which key personnel will be available to meet with the surveyors. The lead surveyor is responsible for producing the visit timetable to ensure it is in accordance with other commitments and meets the needs of the survey team to effectively undertake the accreditation.



### 4.3 Preparing for the visit

Once a visit has been organized, the facility will receive written confirmation from the NHRA regarding the dates, the names of the members of the survey team and details of the visit, including a list of premises to be visited. The facility should inform their staff that a survey visit will take place. It is the surveyors' intention to avoid disruption of the facility's normal activities as far as possible during the visit. All documentation, which the surveyors will require needs to be gathered and collated before the visit electronically and preferably, in hard copies, too.

### 4.4 Facilitation of the visit by the healthcare facility

The NHRA accreditation coordinator will be the liaison person between the facility and the team for all administrative matters. The coordinator will facilitate the visit timetable and coordinate the meetings, which the team will hold 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 close reach of the administration and CEO of the facility, if possible. It should offer privacy for internal discussions between the team members and they should be able to leave personal belongings in complete safety during the visit. The team may need the room to hold meetings with staff members. An internet access, whenever possible, should be available in the room.

All documentation, which needs to be reviewed by the survey team, must be placed in this room. This will include all the documentation sent in with the application form and all supplementary documentation providing evidence of the facilities ability to meet the standards.

### 4.5 Making changes to the visit date or surveyors

Facilities are encouraged to adhere to the proposed date by the NHRA. However, if rescheduling or postponement is needed, hospitals need to submit in writing their request, indicating their justification for the request.

NHRA reserves the right to change the date of the visit or surveyors, prior to the commencement of the visit. NHRA would only make such changes once all other options have been exhausted and where it would be impossible or detrimental to go ahead with the visit as planned. Facilities will be notified of any changes in dates prior to the visit.

## 5. REPORTING ON THE SURVEY FINDINGS

Towards the final day of the visit the team will meet to discuss findings and agree on judgments, recommendations and action items. The lead surveyor will be responsible for producing the facility report. The report is reviewed and edited by the NHRA survey team. The final decision regarding the award of the accreditation status of the organization will be released by the Accreditation Committee, on the basis of the ratings, recommendations and the comments of the survey team and will be submitted to the CEO for final approval.

### 5.1 The report format

The facility report will include the following sections:

- Brief on the background to the facility and its scope of services
- Background and context for the visit process
- Areas visited
- An overall judgment on the facility's compliance with the requirements
- Recommendations for corrective action for any standard is considered suitable and relevant
- Recommendations for additional areas for improvement
- Summary of compliance.

### 5.2 Summary of compliance in the visited areas/services

The report will contain a summary of the judgments made by the survey team as to the overall achievement of the facility in the core standards and other support and specific elements according to facility's scope of services. It is these judgments, which will form the basis of the survey team recommendations to the NHRA Accreditation Committee.

The final results will be weighed according to the judgments made for each standard in a particular element. Those, in turn, are based on the evidence provided during the visit as to how the facility performs against the standards.

The survey team will decide on one of the following four categories of judgments when considering the level of compliance with NHRA accreditation requirements for each standard.

- Not met, when < 50 % compliance with the sub-standard
- Partially met, when  $\geq 50$  % to < 80 % compliance with the sub-standard
- Fully met, when  $\geq 80$  % compliance with the sub-standard
- Not Applicable indicates that the standard/sub-standard does not apply to the facility The concluding section of the report normally contains a number of action points. These are categorized as being of critical, high, medium or low priority.
- Critical priority – those that the survey team consider as critical for patient safety and need immediate, urgent action. If needed, the facility's specific operation under scrutiny should be ceased immediately until fixed but the corrective action cannot be delayed for more than 6 months. In such instances, the facility's accreditation status is deferred until the corrective actions are completed.
- High priority - those that the survey team consider absolutely necessary to act upon as a matter of major importance, like requirements mandated by Resolution 15 of 2017. In such instances, the facility is expected to complete the required corrective action within six months. In case the facility unjustifiably fails to fulfill those requirements within 6 months, the accreditation status of the facility will be considered conditional. The facility will be given an additional 6-month period to effectively complete the requested, otherwise the accreditation status of the facility will be withdrawn.
- Medium priority - are the 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 3-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 foster best practices. These action items will not, on their own, affect the decision for the award of accreditation but the facility should action upon them within the 3-year accreditation cycle.

## 5.3 Reviewing the reports

The report once submitted by the lead surveyor will be reviewed by the NHRA Accreditation Committee. Reviewers will consider a number of elements of the report including the following:

- The report has been completed according to established guidelines
- All sections have been fully completed and judgments have been made for all applicable standards
- Action items are included for all standards that have a compliance of 'partially met' or 'not met'
- The consistency of reporting, including in particular, 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

Following the review, which may involve the Accreditation Committee contacting the lead surveyor or NHRA Consultant for further information or clarifications, the Committee will recommend the award of accreditation and submit it to the CEO.

## 6. THE AWARD OF ACCREDITATION

### 6.1 Decisions on the award of accreditation

The 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 one calendar month of the decision being made. NHRA will send to the facility a copy of the report, if accreditation or re-accreditation has been awarded. The Accreditation Certificate will be presented to the facility at a later stage.

## 6.2 Award of accreditation

- Accreditation can be awarded following the full accreditation visit of an unaccredited facility.
- Re-accreditation can be awarded following the full re-accreditation visit of an accredited facility.
- Accreditation or re-accreditation is awarded, if NHRA is satisfied that the facility meets or exceeds standards in all areas of its provision and not more than 10 “High Priority” recommendations have been made. Accreditation or re-accreditation is awarded for a period of three years.

The committee will grant the facility one of the following categorization:

**Diamond:** For facilities that achieve 95% or more of the NHRA accreditation standards.

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

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

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

Upon completion of the Accreditation Committee process, the Committee’s recommendations will be submitted to the CEO for final approval.

## 6.3 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 for awarding accreditation is deferred until the required corrective action is completed and it cannot exceed six months. The NHRA decision of deferral is independent of the final score that the facility has achieved.
- If, in the facility, major violations of the conditions stated in Resolution No. (15) of 2017 (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 Accreditation Committee will require the facility to either undergo a supplementary visit or to submit adequate documentary evidence that the outstanding requirements have been completely met or all issues have been resolved. The report of the supplementary visit by selected NHRA surveyors or documentary submission from the facility will be considered by the Lead Surveyor and the NHRA Consultant. The report will then be submitted to the Accreditation Committee before the end of the deferral period. A recommendation of accreditation or re-accreditation will subsequently be made. If the facility fails either to, submit satisfactory documentary evidence or, undergo a supplementary visit before the end of the deferral period, the Accreditation Committee may recommend refusal or withdrawal of accreditation.

## 6.4 Conditional accreditation

- A decision to award a conditional accreditation can be taken by the Accreditation Committee, in the case where more than 10 “High Priority” recommendations have been made that require non-urgent corrective actions. In such case, the decision for awarding accreditation is considered conditional until the required corrective action is completed up to a six-month period. The NHRA decision of conditional accreditation is independent of the final score that the facility has achieved.
- In case, the facility fails to timely and effectively complete the required actions related to all NHRA “High Priority” recommendations, as assessed by the Lead Surveyor and the NHRA Consultant, the Accreditation Committee may recommend either to extend the conditional period to a maximum of 6 months period, or it may recommend withdrawal of accreditation.

## 6.5 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 was less than 70%. In such a case, the facility has a six-month period to rectify 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 there are still High Priority recommendations pending, the facility will be granted another six months to rectify any pending High Priority recommendations.
- Failing to achieve accreditation after expiry of the above mentioned periods, will result in withdrawing the accreditation, with an immediate effect in facility’s licence. 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’s decision (see section 8 of this policy).

## 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 NHRA Directory of accredited facilities once the decision letter, accreditation report and accreditation certificate have been dispatched. Facilities whose accreditation has been withdrawn will remain on the website until the time allowed for lodging an appeal has expired and any subsequent appeal process has been exhausted.

### 7.1 Maintaining accreditation

Gaining accreditation, although a major achievement for any health care facility, is not the end of the process. The accredited facilities have a continuing responsibility both to maintain the standards required for NHRA accreditation and to fully cooperate with NHRA in monitoring 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
- Submit an application for re-accreditation and undergo a full re-accreditation visit before the expiry date of the facility's current accreditation. Failure of the facility to meet any of the above requirements may lead to the suspension or withdrawal of the facility's accreditation status.
- It should be noted that timely and effective fulfilment of the NHRA recommendations will be assessed and counted as part of the evaluation of the subsequent (after 3 years) accreditation cycle.
- In addition, it is expected that all accredited facilities, during the 3-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. This activity will also be considered in facility's scoring in the subsequent accreditation cycle.

## 7.2 Quality improvement action plan

- The facility will develop a Quality Improvement Plan, describing in a detailed way the action plan for all recommendations that were made. More specifically, the facility is expected to fill in the template stating the proposed action, the intermediate steps and expected dates to implement all steps, as well as the responsible personnel to follow up the required tasks.
- The facility should submit the quality plan within six weeks from the receipt of NHRA final report. This plan will be monitored during the follow-up support visits that will be arranged with each facility.

## 7.3 Annual self-assessment reports

- The facility should submit a report, annually, documenting the achievements made. The facility should attach the supporting documents or proof of this achievement.
- A delay in submitting the annual self-assessment report by more than 60 days from the due date, without a justification acceptable to NHRA, may result in temporary suspension of accreditation, followed by revocation of accreditation, if the total delay exceeds 90 days.

## 7.4 Annual follow up support visits

All accredited facilities are required to undergo an annual follow up support visit as part of NHRA's quality monitoring process. The annual follow-up visit will be conducted by NHRA selected experts over a half day. This visit will focus on all recommendations made, in order to assess the progress of the agreed upon relevant Action Plan.

The report will be sent to the facility with details of the recommendation and any further action, if required. Where an annual follow up visit report identifies significant problems or evidence that the facility is not meeting NHRA's standards, NHRA may require further action, such as:

- A further full or smaller scale supplementary visit
- An unannounced spot check
- The submission of a revised action plan for addressing the issues identified
- Setting a deadline by which the facility must submit documentary evidence demonstrating that the issues identified have been resolved.



## 7.5 The re-accreditation process

Accreditation is awarded for three years. To remain accredited, the facility must complete all required actions related to any “High Priority” recommendations made within the first six months, as well as all other medium and low priority recommendations during the three-year accreditation cycle. Facilities should submit an application for re-accreditation and undergo a full re-accreditation visit before the facility’s accreditation expires. Facilities will be notified by NHRA six months in advance of the need to apply for re-accreditation. Should the facility fail to undergo a re-accreditation visit before its current accreditation expiry date, the facilities accreditation will be withdrawn. The procedure for application for re-accreditation is set out in section 3.4 of this handbook.

## 7.6 Withdrawal and suspension of accreditation

Occasionally, NHRA is required to suspend or withdraw accreditation from a health care 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 a set of requirements to be met by a stated deadline. The length of time given to meet requirements will be stipulated by the Accreditation Committee. Withdrawal of accreditation means that the organization is removed from the NHRA Directory of accredited facilities and this will have an adverse effect on the facility’s operating license. The facility may appeal against the withdrawal of accreditation (see section 8). There are a number of reasons why accreditation can be suspended or withdrawn:

- If the follow up visit 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

The facility will continue to appear in the NHRA Directory of accredited health care facilities during any period of suspension but it will be removed if accreditation is subsequently withdrawn.

## 7.7 Statement of accreditation

Following the award of accreditation the facility is permitted to use the statement of accreditation, as well as being listed in the NHRA Directory of accredited health care 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”.

## 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.
4. If the facility fails to complete the required corrective actions in the timeframe given for Critical or High Priority recommendations as described in sections 6.3 and 6.4 of this Handbook and the accreditation status is consequently withdrawn.

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

A facility has no right within this appeals procedure to challenge either the criteria assessed or standards required for NHRA accreditation or the general regulations that accredited facilities must follow. The right of the facility within this procedure is rather 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 letter of appeal to the CEO of NHRA. This written letter must be received by NHRA within fifteen working days of the date of the letter that confirms the refusal or withdrawal of accreditation. For this purpose, each working day is held to end at 14.00. Any letter confirming the refusal or withdrawal of accreditation will be delivered to the facility's designated primary contact. The facility must ensure that any correspondence addressed to the facility's primary contact is opened and dealt with in their absence.

NHRA will make a decision within 60 days of the date of appeal submission.

## 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 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 will be heard in 2 weeks' time by an Appeals Committee, which is an unbiased body made up of one independent Chair and surveyors who did not participate in the original process that led to the recommendation of the Accreditation Committee. The Appeal Committee shall:

1. Consider the grounds for the appeal as alleged by the health care 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 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 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 any outstanding debts within ten working days of its notice of appeal, its right to appeal will expire.

In the period between the notice of appeal and the outcome of the appeal, the status of facility's accreditation remains unchanged (an accredited facility remains accredited and an unaccredited facility remains unaccredited).

If the appeal is dismissed, NHRA's decision will be binding. A new full application will need to be submitted, if the facility wishes to re-apply 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
- To recommend that NHRA awards or reinstates 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, within 60 days of the decision by the Accreditation Committee. They will set out a final judgement, 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 decision within 2 weeks.
- On completion, the appealing facility will have no further recourse to the appeal process.

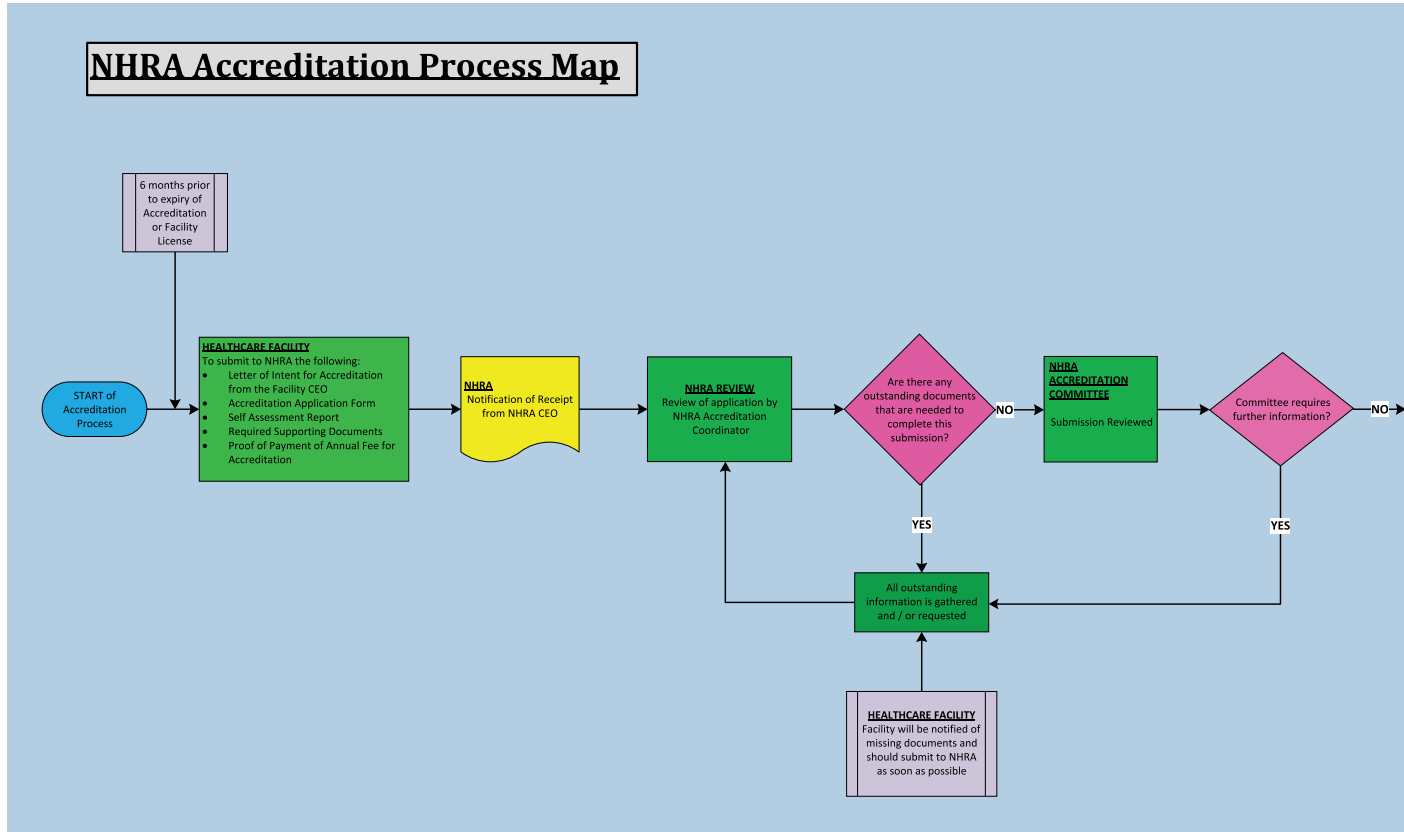
## List of annexes

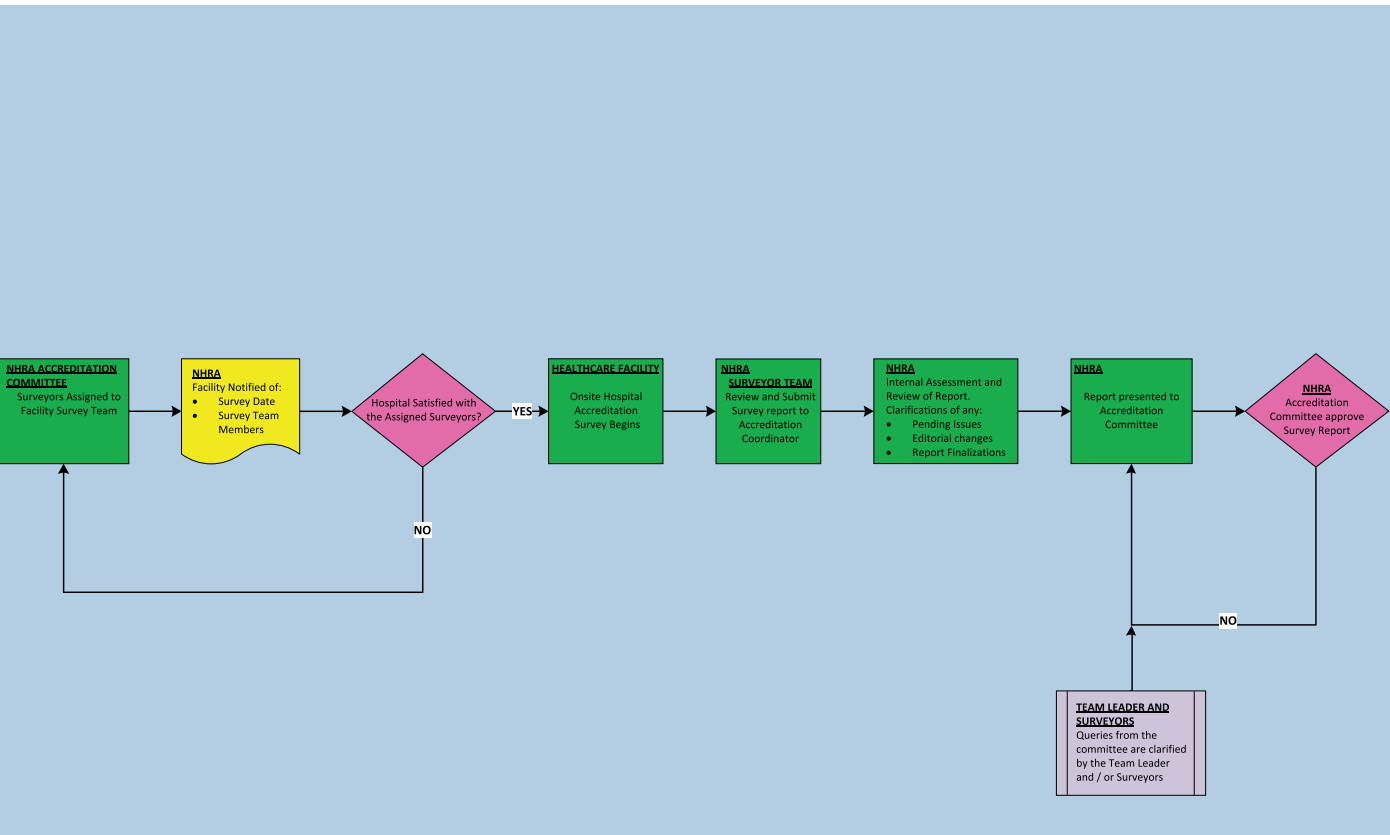
**Annex 1:** Accreditation Process Map

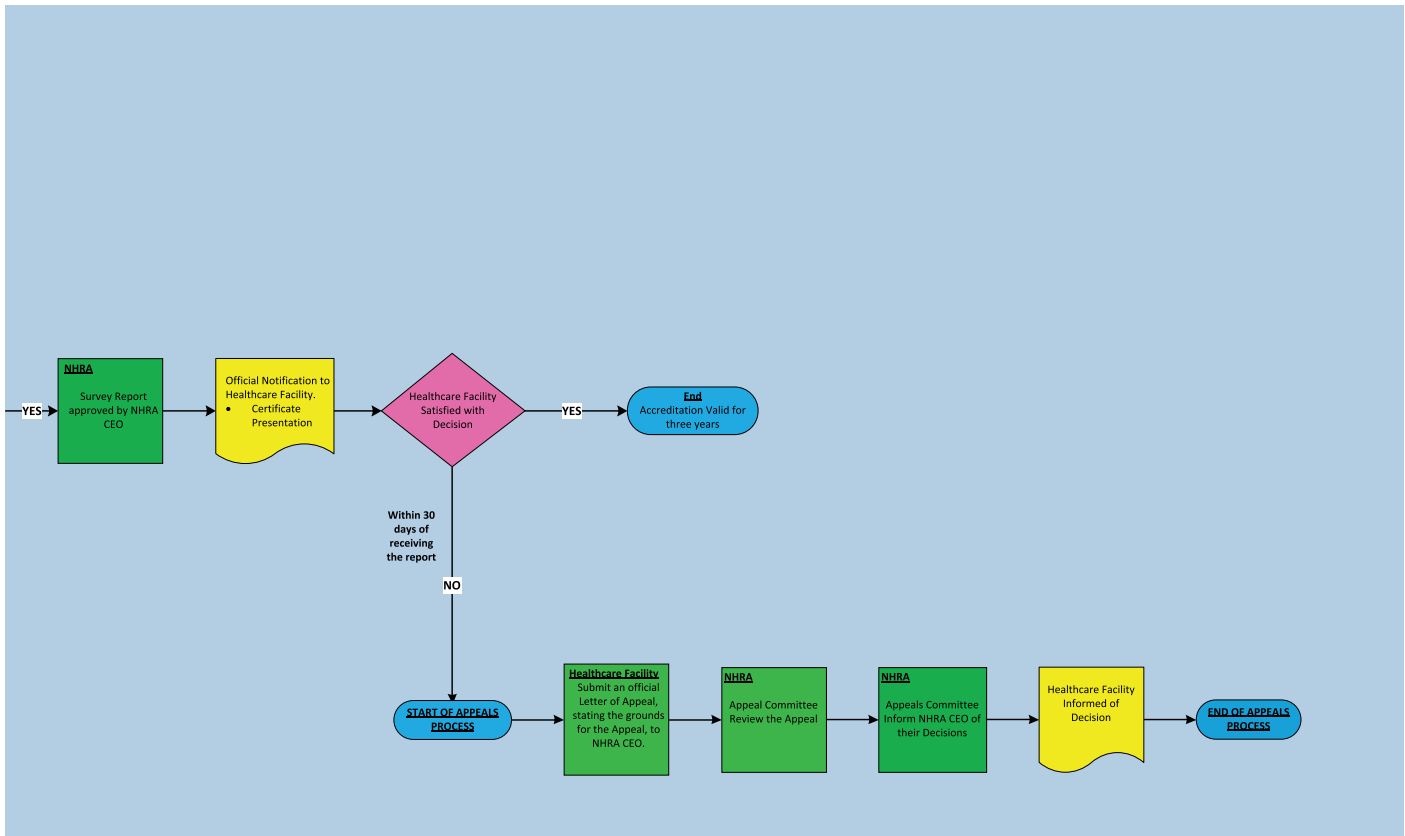
**Annex 2:** Application Form

**Annex 3:** Supporting Documents Checklist

## Annex 1 : NHRA Accreditation Process Map









## Annex 2 : Application for Hospital Accreditation



الهيئة الوطنية لتنظيم المرافق الصحية  
NATIONAL HEALTH REGULATORY AUTHORITY



<b>For Office Use Only:</b>																	
Application No.:	Fees:																
<b>Form 1 – Application for Hospital Accreditation</b>																	
<p><i>IMPORTANT: Please fill in the required information completely. Failure to submit the necessary items/information will delay the processing of your application. Please submit Form 1 with the Self-Assessment (Form 2) and the required Supporting Documents (Form 3).</i></p>																	
<b>Healthcare Facility Information:</b>																	
Facility Title																	
Facility Category	<table border="1"> <tr><td>General Hospital</td><td></td><td></td></tr> <tr><td>Specialized Hospital</td><td></td><td></td></tr> <tr><td>Teaching Hospital</td><td></td><td></td></tr> <tr><td>Rehabilitation Hospital</td><td></td><td></td></tr> <tr><td>Day Surgery Hospital</td><td></td><td></td></tr> </table>	General Hospital			Specialized Hospital			Teaching Hospital			Rehabilitation Hospital			Day Surgery Hospital			
General Hospital																	
Specialized Hospital																	
Teaching Hospital																	
Rehabilitation Hospital																	
Day Surgery Hospital																	
Hospital Bed Capacity	<table border="1"> <tr> <td>Number of Beds:</td> <td>Category:</td> <td></td> <td></td> </tr> <tr> <td>More than 100</td> <td>Type A</td> <td></td> <td></td> </tr> <tr> <td>50-100</td> <td>Type B</td> <td></td> <td></td> </tr> <tr> <td>Less than 50</td> <td>Type C</td> <td></td> <td></td> </tr> </table>	Number of Beds:	Category:			More than 100	Type A			50-100	Type B			Less than 50	Type C		
Number of Beds:	Category:																
More than 100	Type A																
50-100	Type B																
Less than 50	Type C																
Address																	
Tel. Contact	Email																
Facility License Number																	
Facility Chief Executive Officer (CEO)																	
CEO Tel. Contact	Email																
Medical Director (MD) /Chief Operating Officer (COO)																	
MD / COO Tel. Contact	Email																
Quality Director (QD)																	
QD Tel. Contact	Email																

Scope of Services:		
Please tick the appropriate clinical services provided by the healthcare facility:	<b><u>Internal Medicine</u></b>	
	Allergy and Immunology	Dermatology
	Cardiology	Neurology
	Interventional Cardiology	Geriatric Care
	Endocrinology	Rehabilitation
	Gastroenterology	Internal Medicine
	Hematology	Pulmonary Disease
	Infectious Disease	Nephrology
	Oncology	Dialysis
	Rheumatology	Family Practice / GP
	Pulmonary Disease	Other (Please Specify):
	<b><u>Anesthesia</u></b>	
	Pre Anesthesia Clinic	Operating Room
	Post Anesthesia Unit (PACU)	
	<b><u>Surgery</u></b>	
	General Surgery	Ophthalmic Surgery
	Cardiothoracic Surgery	Oral and Maxillofacial Surgery
	Colon and Rectal Surgery	Orthopedic Surgery
	Gynecology and Obstetrics	Otorhinolaryngology
	Gynecologic Oncology	Pediatric Surgery
	Neurological Surgery	Plastic Surgery
	Urology	Dental Surgery
	Day Surgery / Minor Procedures	Other (Please Specify):
	<b><u>Critical Care</u></b>	
	ICU	PICU
	NICU	CCU
	<b><u>Specialty Departments</u></b>	
	Gynecology and Obstetrics	Pediatrics
IVF	Psychiatry	
Home Care	Ear, Nose and Throat (ENT)	
Dental	Nutrition and Diet	
Ophthalmology	Occupational Health	
Day Care	Physiotherapy	
Burn Unit	Other (Please Specify):	

	Emergency Department / Day Care / Observation		
	Complementary / Alternative Medicine (CAM)		

Scope of Services:				
Please tick the appropriate diagnostic services provided by the healthcare facility:	<b><u>Radiology</u></b>			
	<input type="checkbox"/>	X - Ray	<input type="checkbox"/>	Mammography
	<input type="checkbox"/>	Computed tomography (CT)	<input type="checkbox"/>	Nuclear medicine
	<input type="checkbox"/>	Fluoroscopy	<input type="checkbox"/>	Ultrasound
	<input type="checkbox"/>	Magnetic resonance imaging (MRI)	<input type="checkbox"/>	Positron emission tomography (PET)
	<input type="checkbox"/>	Interventional Radiology	<input type="checkbox"/>	Other (Please Specify):
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<b><u>Laboratory</u></b>			
	<input type="checkbox"/>	Histopathology	<input type="checkbox"/>	Immunology / Serology
	<input type="checkbox"/>	Hematology	<input type="checkbox"/>	Molecular Pathology
	<input type="checkbox"/>	Toxicology	<input type="checkbox"/>	Chemistry
<input type="checkbox"/>	Cytogenetic	<input type="checkbox"/>	Microbiology	
<input type="checkbox"/>	Blood Bank	<input type="checkbox"/>	Other(Please Specify):	
<input type="checkbox"/>	IVF Lab	<input type="checkbox"/>		
<input type="checkbox"/>	Dental Lab	<input type="checkbox"/>		
Please tick the appropriate supportive services	<b><u>Supportive Services</u></b>			
	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Ambulance Services

provided by the healthcare facility:	Laundry	Kitchen
		Other (Please Specify):

Healthcare Facility Capacity:		
Please provide the numbers of the following:	<b>Facility Capacity</b>	
	In Patient Rooms	Out Patient Rooms
	Operating rooms	Emergency Beds
	Critical Care Beds	Delivery Rooms
	Isolation Rooms	Maternity Beds
	Ambulances	Other (Please Specify):
<b>Staff Capacity</b>		
<b>Physicians</b>		
General	Specialists	
Consultants		
<b>Nursing</b>		
General Nurses	Specialist Nurse	
Midwives	Practical Nurses	
<b>Dental</b>		
General	Specialists	
Consultants		
<b>Allied Health</b>		
Physiotherapists	Respiratory Therapists	
Nutritionist / Dietician	Lab Technicians	
Anesthesia Technicians	Radiology Technicians	
Cardiac Technicians	Other (Please Specify):	



<b><u>Other Specialized Staff</u></b>		
	Infection Control Nurse	Lactation Consultants
	Pharmacists	IT Support
	Administrative	Engineers
	Security and Safety Officer	Quality Director
	Janitorial Staff	Food Handlers
	Paramedics / Ambulance Driver	CSSD Technicians
		Other (Please Specify):

Name..... Title.....

Signature..... Date.....

Contact Information: Tel..... Email.....

## Annex 3 : Supporting Documents Checklist

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">For Office Use Only:</p> <p style="margin: 0;">Application No.: _____ Fees: _____</p> </div>		
<b>Form 3 - Supporting Documents</b>		
Supporting Documents To Include: **(indicate clearly if document not available)		
1	An updated <b>Management Structure</b> , which clearly shows the organization of the hierarchy of authority, which defines accountability and communication channels within an organization and with its external environment.	v
2	<b>Facility Strategic Plan</b>	
3	<b>Facility Operational Plan</b>	
4	<b>Quality Management Plan</b> - Briefly provide information on the following: (a) Outline of quality improvement work currently being undertaken in any of the domains to be surveyed (b) Any recent Improvement Projects (objectives, implementation methods, results, sustainability measures) (c) Current and future Plans for Improvement	
5	Evidence of <b>Management and Finance Meetings</b>	
6	Evidence of <b>Communication between Management and Staff</b> (e.g. newsletters, training and education, notice boards, staff initiatives, etc.)	
7	Latest <b>Annual Report</b> , if available.	
8	Please list the number of regular <b>Standing Committees</b> deemed necessary by hospital administration in formulating policies, coordinating and monitoring hospital-wide activities that are considered critical in the delivery of quality healthcare services. <b>Priority Committees</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pharmacy and Therapeutics</li> <li><input type="checkbox"/> Medical Audit &amp; Tissue Review – to include discussion on Morbidity and Mortality</li> <li><input type="checkbox"/> Infection Control and CSSD</li> <li><input type="checkbox"/> Hospital Resuscitation Committee (CPR)</li> <li><input type="checkbox"/> Credentialing and Privileging</li> <li><input type="checkbox"/> Blood Utilization Review</li> <li><input type="checkbox"/> Quality and Risk Management</li> <li><input type="checkbox"/> Medical/Nursing Record Review</li> <li><input type="checkbox"/> Bioethics Committee (to include; Patient Rights/Patient Advocacy/Patient Care)</li> <li><input type="checkbox"/> Waste Management</li> <li><input type="checkbox"/> Tumor Board</li> </ul> <b>Ad Hoc, Departmental, Unit Committees</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility operations and maintenance</li> <li><input type="checkbox"/> Medical devices and equipment. - procurement and maintenance</li> </ul> <p style="text-align: center; font-size: small;">Please provide copies of committees meeting minutes, where possible.</p>	
9	Formalized <b>Policy and Procedures Manual</b> . Please provide a soft copy ( if this is not possible, in hard copies) all documentation that is available to be surveyed related to policies, procedures, SOPs, reports, training sessions, results of projects etc.	
10	Healthcare Facility <b>Infection Control Manual</b>	
11	Copies of <b>Contracts for Outsourced Services</b> being provided to the facility such as: Waste Disposal, Laundry, Food and Beverage, Housekeeping etc.	
12	Copies of most recent <b>Inspection Certificates</b> issued by other authorities such as Environment, Civil Defense, Public Health.	

**NHRA assures that the documents received will be held strictly private and confidential to its recipients and will not be copied, distributed or reproduced in whole or in part, nor passed to any third party.**



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