

Tackling the Accreditation Process (4 years cycle)

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What is Accreditation?

- Accreditation has been defined as “A self-assessment and external peer review process used by health and social care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health or social care system”. (The International Society for Quality in Health Care (ISQua), 2015)
- According to the World Health Organization (WHO), accreditation can be the most crucial approach for improving the quality of healthcare structures.

The Purpose of NHRA Accreditation

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

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 of the visited areas at the time of the survey, but it must also demonstrate to the survey team that it has adequate policies and systems in place to ensure that the standards continue to be met throughout the four-year accreditation cycle.

The Benefits of NHRA Accreditation

Implementing the accreditation framework reinforces NHRA's commitment to ensuring high-quality health services. These services are rigorously evaluated and continuously monitored 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, its commitment to improving healthcare across the care continuum, and its prioritization of delivering safe care to the people of Bahrain.

The Benefits of NHRA Accreditation

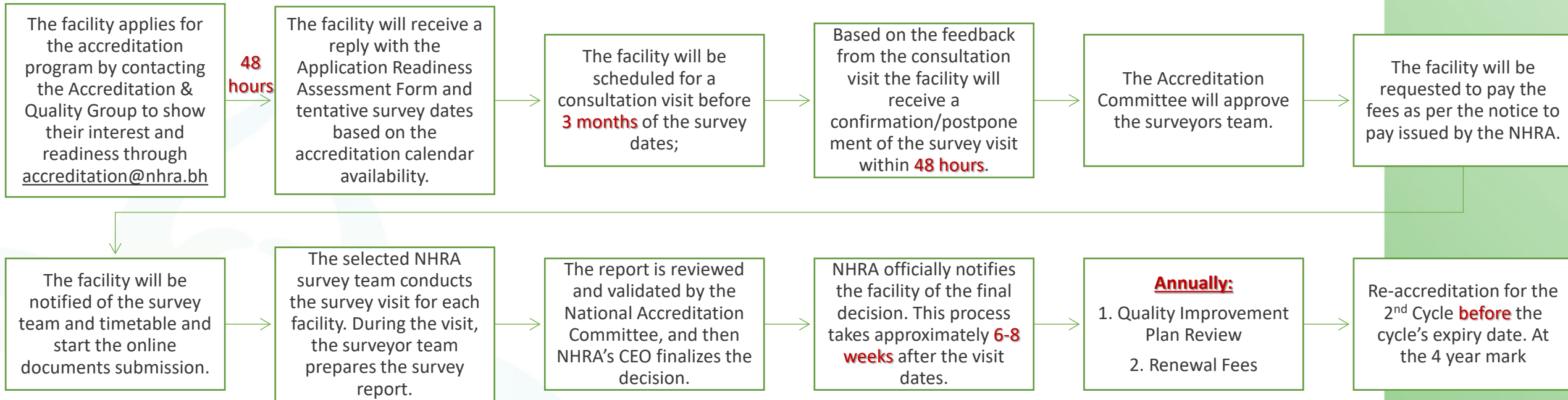
Accreditation will provide:

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

Assurance of a facility's good standing to all stakeholders, especially patients, families, and employees, as the facilities will be assessed against established internationally accredited standards. 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 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.

Accreditation Journey



There should be an assigned visit coordinator.

Accreditation Journey

1

The facility will receive a reply with the **Application Readiness Assessment Form** and tentative survey dates based on the accreditation calendar availability.

2

The Accreditation Committee will approve the **surveyors team**.

3

The facility will be notified of the survey team and timetable and start the online **documents submission**.

4

The selected NHRA survey team conducts the **survey visit** for each facility. During the visit, the surveyor team prepares the **survey report**.

5

NHRA officially notifies the facility of the **final decision**. This process takes approximately 6-8 weeks after the visit dates.

6

Annually:
1. **Quality Improvement Plan Review**
2. **Renewal Fees**

Accreditation Journey

1

The facility will receive a reply with the **Application Readiness Assessment Form** and tentative survey dates based on the accreditation calendar availability.

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 all NHRA standards **before** the survey team's actual visit.

The Form must be submitted in **English**. Facilities are expected to complete the Application Readiness Assessment Form in as much detail as possible and be completely transparent in evaluating their strengths, weaknesses, and compliance with NHRA standards. Self-assessment is an important tool in the quality improvement process and should be considered a built-in component of the facility's regular reviewing system.

This particular exercise will effectively help the facility be fully prepared for the visit and ensure that **evidence** is available upon which the survey team can base their judgments.

The facility is likely to identify that further evidence is needed to complete this exercise and should make an **action plan** to ensure that this evidence is available by the time of the visit. The Application Readiness Assessment Form provides tables for recording the required evidence and actions. The Form must be completed and sent to NHRA.

Application Readiness Assessment Form

Medical Center Name	License No	CR No.

License Number of the Healthcare Facility as Shown in Munshaat

Facility's CR number

Name of the Healthcare Facility as Shown in Munshaat

About Medical Center | Facility Category | Contact Info | Scope of Services | Staff Capacity | Elements Covered | Areas of Improvement | KPIs | 1.Leadership | 2.Workforce

Application Readiness Assessment Form

Facility Category (Insert a Tick Mark in the next column)	
General Medical Center	✓
Specialized Medical Center	
Multi-Speciality Medical Center	
Dental General Center	
Specialized Dental Center	
Multi-Speciality Dental Center	
Medical Mobile Center	
Dental Mobile Center	

[About Medical Center](#)
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[Scope of Services](#)
[Staff Capacity](#)
[Elements Covered](#)
[Areas of Improvement](#)
[KPIs](#)
[1.Leadership](#)
[2.Workforce](#)
[3.Gc](#)



Application Readiness Assessment Form

Scope of Services		
Please indicate the scope of services as approved by the NHRA license by inserting (✓) in the cell. The survey will only include all services that are actively operating at the time of the survey. Highlight in Yellow the active services, and do not highlight the non-active services:		
Service 1		✓
Service 2		✓
Medicine		
General Medicine (GP)		
Anesthesia / Pain Management		
Aviation & Aerospace Medicine		
Occupational Medicine		
Cardiology		
	General	
	Interventional	Cardiac Surgery
		Cardiothoracic Surgery
		CardioVascular Surgery
	Pediatric	
Dermatology		
Endocrinology, Diabetes and Metabolism		
Family Medicine		
Forensic		
Hematology		



Laundry	
Ultraviolet Therapy	
Minor Surgical Procedures	
Circumcision	
In growing Toenail	
Cyst Excision	
Wound Debridement	
Ophthalmic Surgeries	
I&D	
Suturing	
Dressing	
Other / Comments (Please Specify):	

Application Readiness Assessment Form

Staff Capacity			
Please state the number of staff at the center:			
Staff Capacity			
Physicians			
General	Specialists		
Consultants	General / Resident		
Nursing			
General Nurses	Specialist Nurse		
Midwife	Practical Nurses		
Advanced Practice Midwife	Advanced Practice Nurse		
Dental			
General	Specialists		
Consultants	General / Resident		
Allied Health			
Allied Dental Professions	Operation Theatre Technology		
Alternative Medicine	Optometry		
Cadiovascular Technology	Osteopathy		
Central Sterile Services (CSS)	Physiotherapy		
Dietetics and Nutrition	Podiatry		
Electro-Neurodiagnostics	Prosthetics and Orthotics		
Emergency Medical Services	Psychology		
Health Inspection	Radiation Therapy Technology		
Laser	Radiology		
Medical Laboratory	Renal Dialysis		
Medical Physics	Respiratory Therapy		
Occupational Therapy	Speech and Audiology		

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Navigation: < > About Medical Center Facility Category Contact Info Scope of Services **Staff Capacity**

Application Readiness Assessment Form

Standard No.	Tga	KPIs	KPIs Definition	Self Reported KPI	Comments
28.2.4	REQ	Number of patients presenting with phototoxic side effects during the last 12 months.	The number of patients presenting with phototoxic side effects over the total number of patients treated with PUVA		
29.2.4	REQ	Number of complaints received related to lack of privacy and dignity.	The number of complaints received related to lack of privacy and dignity over the total number of complaints received in the physiotherapy.		
29.2.12	REQ	% of time the pool is out of use.	The average time duration the pool is out of use over the total operation hours (%)		
Any Additional KPIs at the Facility					

Number of key indicators are requested for each element. These indicators are not included in the final assessment report but are used to gain a greater understanding of the quality of care provided

Application Readiness Assessment Form

Element Section	KPIs	Standard No	TAG	Standard	Guidance	Self-assessment / Document Title	Document Required	Compliance Status
1.1Leadership		1.1.1	REQ	There is a governing body for the hospital with documented terms of reference and standing agendas.	Depending on the size of the hospital, this governing body may be a Board of Directors, executive committee or a leadership group of named senior personnel, both clinical and non-clinical, such as the CEO, medical and nursing directors, the finance director, quality manager, human resource manager, administrators and service heads as appropriate, such as the head of facilities. Standing agendas are used for meetings that include key aspects of management, such as human resources, integrated governance, risk, quality, finance and safety. This links to the committee framework as detailed in 1.1.4.		Yes	
1.1Leadership		1.1.2	REQ	There is an up-to-date organizational chart for the hospital that reflects the current structure.	The organizational chart should include all the services within the hospital and the lines of accountability and management.		Yes	
1.1Leadership		1.1.3	REQ	The Chief Executive Officer (CEO) or equivalent has a documented job description or employment contract that specifies the required qualifications, experience and role description including responsibility, accountability, and reporting.	The responsibility should include all aspects of the management of the hospital with the accountability being to the governing body to which the CEO reports.		Yes	
1.1Leadership		1.1.4	ESS	The hospital has a documented framework that includes all clinical and non-clinical committees and directors and how they report to the governing body.	The framework may be presented in an organogram or chart and should show the committees and sub committees of the governing body (or equivalent) with delegated authority, responsibilities and reporting routes.		Yes	
1.1Leadership		1.1.5	EQP	There are procedures for the appointment of individuals to the governing body who are external to the hospital.	Some hospitals may have non-executive directors, who are external to the organization, these could be patient representatives. The procedure should include how posts will be advertised, nominations process, the information required from candidates, the process for due diligence, references, selection panel, and the process when a selection is challenged for any reason. The procedure should also include the qualifications required for the position, such as having the appropriate experience and education, including a basic knowledge of quality management principles. The procedures should include what induction process is in place for new members.			
1.1Leadership		1.1.6	ESS	There is a documented set of rules, or equivalent, for the practice and procedure of the governing body.	The rules, also known as standing orders set out the composition and responsibilities of the governing body, its established committees and the code of conduct to which members must comply. The orders set out how the governing body's business should be conducted, scheme of delegations and will contain the rules for the management of hospital.		Yes	
1.1Leadership		1.1.7	REQ	The governing body holds formal, minuted meetings at least bi-monthly to review progress against the strategic objectives and governance assurance.	There are fixed agenda items (see 1.1.1) for the meetings and minutes are kept. The agenda items will include performance reports and review of the corporate risks as well as reports from governance committees (see Element 3).		Yes	



Compliance Status

Fully Met

Met

Partially Met

Not Met

Not Assessed

Not-Applicable

Application Readiness Assessment Form

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◀ ▶
About Hospital
Facility Type
Scope of Services
Staff Capacity
Elements Covered
KPIs
1.Leadership
2.Workforce
3.Governance
4.Quality

Accreditation Standards

Hospitals	Medical Centers
41 Elements	29 Elements
8 Sections	7 Sections
Sections 1 – 5 are Core and therefore, applicable to all hospitals	Sections 1 – 3 are Core and therefore, applicable to all centers
1. Management and Leadership 2. Governance 3. Health and Safety 4. Management of Property, Estate and Non-Clinical Services 5. Patient-Centered Care 6. Diagnostic and Support Services 7. Acute Services 8. Specialist Services	1. Management and Leadership 2. Governance and Safety 3. Patient-Centered Care 4. Diagnostic and Support Services 5. Acute Services 6. Specialist Services 7. Therapies

What's New

- Greater guidance and information
- TAGS (categories)
- Indicators
- Key documents
- Links to previous standards
- New! Where it is a completely new addition
- Reference documents
- Glossary

TAGS - Categories of the Standards

To assist with the prioritization of the work and to support quality improvement, each standard in the elements is categorized according to the following definitions:

Required standard (REQ): reflects professional requirements, guidance, a 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): if achieved, recognizes the center's strong commitment to quality improvement.

Accreditation Journey

2

The Accreditation Committee will approve the **surveyors team**.

Selection of the Survey Team

- NHRA has a large pool of surveyors available. The survey team is carefully selected, considering the experience, specialties, availability, and the nature of the facility and its services. The team includes specialty-specific experienced professionals (doctors, dentists, nurses, engineers, pharmacists, allied health professionals) and, when needed, **subject matter experts** to ensure appropriate knowledge in case sub-specialty services are rendered. The National Accreditation Committee approves the surveyors' team.
- The facility will be informed of the names of the surveyors and their assigned elements before the visit. It can recommend NHRA if there is a **conflict of interest** with any surveyor based on reasonable justification.
- NHRA surveyors must **sign a declaration identifying any conflicts of interest and ensuring confidentiality** regarding the visit's process and outcome.
- NHRA **observers/trainees** may be included in the team for training purposes after prior agreement with the facility management.

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 survey team members, and details of the visit, including a list of premises to be visited through the NHRA Coordinator. The facility should inform its staff that a survey visit will take place.

The surveyors intend to **avoid disrupting the facility's everyday activities as far as possible** during the visit. All documentation, which the surveyors will require, must be gathered and collated electronically before the visit.

Facilitation of the Visit by the Healthcare Facility

The NHRA accreditation coordinator will liaise 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 facility staff.

A dedicated room must be available throughout the visit for the team to use. This room should be located centrally in the facility. It should offer privacy for internal discussions between the team members and allow them to leave personal belongings safely during the visit.

The team may need the room to hold meetings with staff members.

Internet access should be available in the room whenever possible.

A dedicated parking area for surveyors is required.

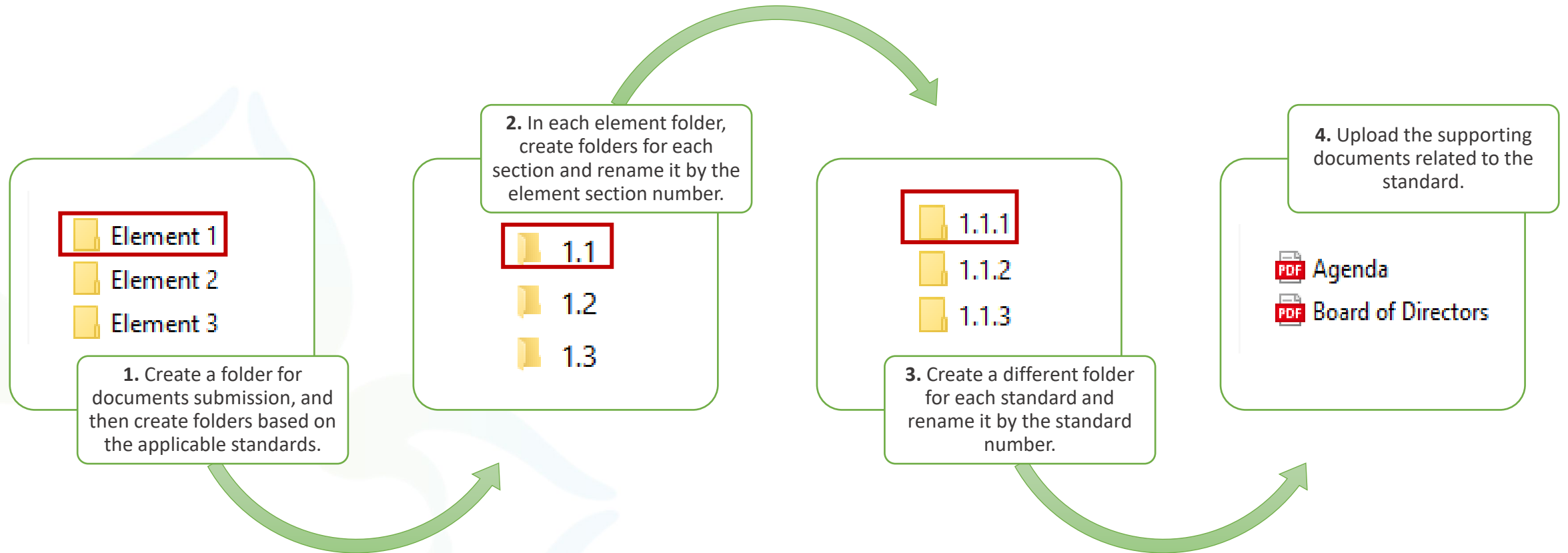
All documentation that needs to be reviewed by the survey team must be placed in this room.

Accreditation Journey

3

The facility will be notified of the survey team and timetable and start the online documents submission.

Documents Submission



Documents Submission

The diagram illustrates the process of document submission in two steps:

- Step 1:** In the main interface, click the **Upload** button (indicated by a red box and the number 2).
- Step 2:** In the sidebar, select the **Folder** option (indicated by a red box and the number 3).

The main interface shows a table with the following data:

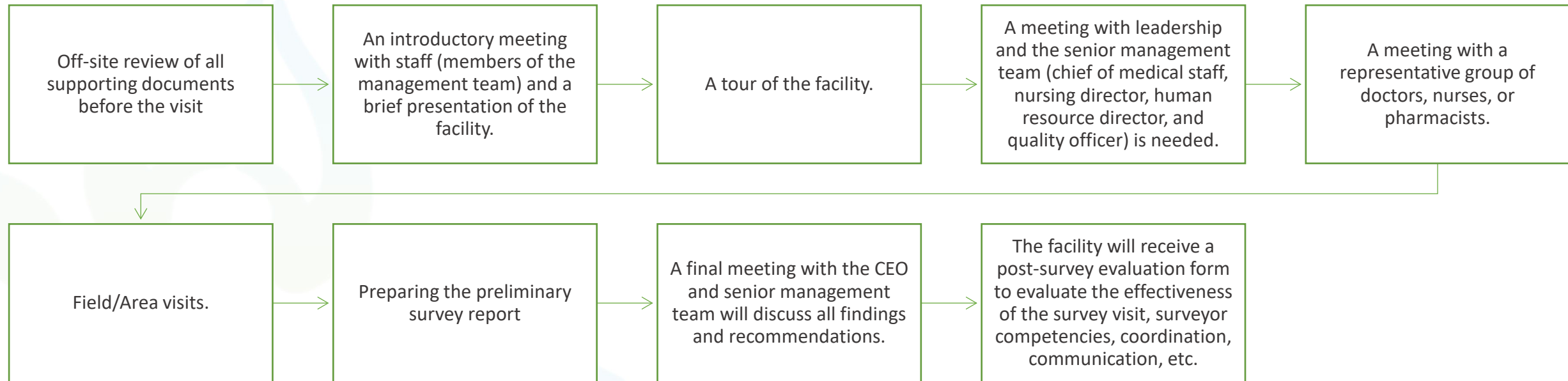
Name ↑ ↓	Modified	Modified By	File size	Sharing
Documents Submission	September 20	Accreditation	1 item	Shared

Accreditation Journey

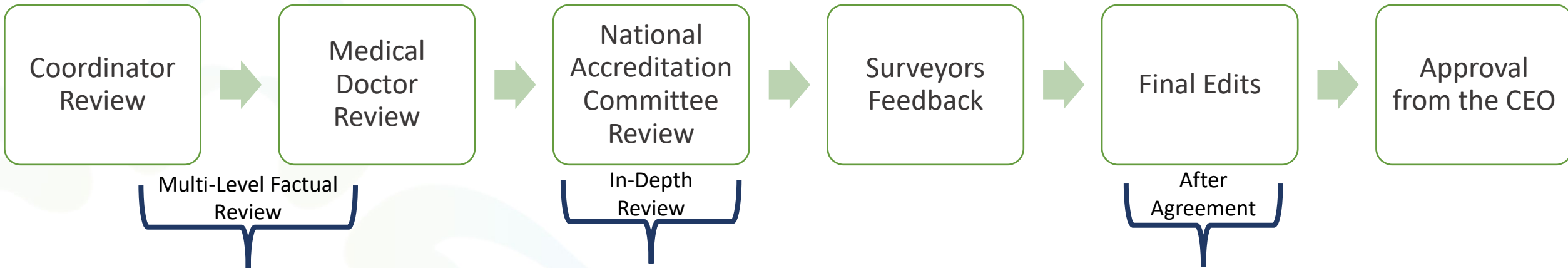
4

The selected NHRA survey team conducts the **survey visit** for each facility. During the visit, the surveyor team prepares the **survey report**.

The Accreditation Visit



Post Accreditation Reports Review and Validation



Accreditation Journey

5

NHRA officially notifies the facility of the **final decision**. This process takes approximately 6-8 weeks after the visit dates.

Documents to be Sent

Awarding
Letter

Accreditation
Certificate

Quality
Improvement
Plan

Accreditation
Report



Summary of the judgments made by the survey team.



The overall achievement in the core, support and specific standards.

The Report Format

The facility report will include the following sections:

Brief on the background of the facility and its scope of services

Background and context for the visit process

Facility staff capacity

Survey Team Members

Areas visited.

Areas for improvements – that the survey team can give the facility the best practice, but it will not affect the decision or the compliance status.

Commendations – positive feedback from the surveyors during the accreditation process/visit.

An overall judgment on the facility's compliance with the requirements for each visited area (Compliances).

Summary Findings and details of the evidence base for judgments of partial compliance and non-compliance.

Final Judgment

Accreditation Awards Categorizations

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



For facilities that achieve 95% or more of the accreditation standards.



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



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



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

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 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”.

Center of Excellence Awards



Designation for its commendable integrated governance structure and culture of transparency and collaboration, which fosters patient safety.



Designation for the culture of open communication and interdepartmental collaboration in infection control practices.



Designation for its unwavering commitment to providing the highest quality, safe patient care.

Recommendations Priorities

Critical Priority

- Impacts patient safety.
- Needs immediate, urgent action.
- The specific operation should be ceased immediately until fixed.
- Deferred accreditation status

High Priority

- Requirements mandated by the Resolution such requirements mandated by Resolution No. (2) of 2019 (Classification of Health Care Facilities; Health and Technical Conditions; and Safety Requirements in its Premises).
- To complete the required corrective actions within six months.

Medium Priority

- Action items that the survey team is concerned about.
- It can be actioned in a more extended timeframe but within the 4-year accreditation cycle.

Low Priority

- Action items that would enhance the quality of the services offered and foster best practices.
- The facility should action upon them within the 4-year accreditation cycle.

Conditional Accreditation

- The National Accreditation Committee can decide to award conditional accreditation when more than 10 “High Priority” recommendations have been made that require non-critical corrective actions. In such a case, the decision to award accreditation is considered conditional until the necessary corrective action is completed in up to six months. The NHRA's decision to accept conditional accreditation is independent of the final score that the facility has achieved.
- In case the facility fails to timely and effectively reduce the “high priority” recommendations to 10 or less, as assessed by a Surveyor and the NHRA Consultant, the Accreditation Committee may recommend either extending the conditional period to a maximum of 6 months period, or it may recommend withdrawal of accreditation.

Accreditation Journey

6

Annually:

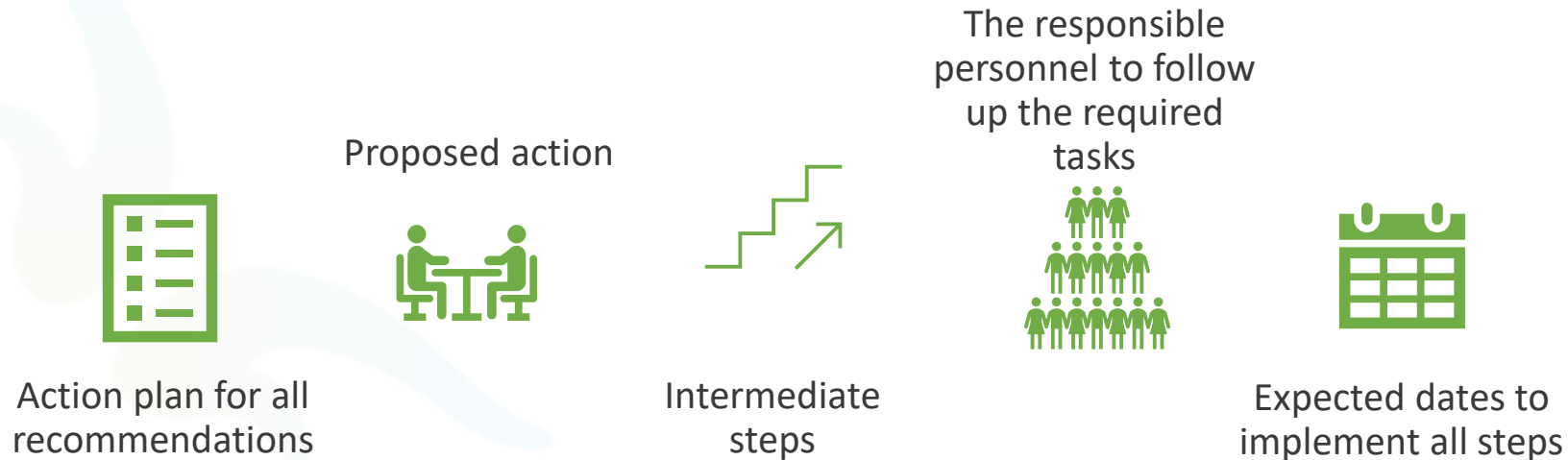
1. Quality Improvement Plan Review
2. Renewal Fees

Quality Improvement Action Plan

- The facility should complete the Quality Improvement Plan shared by NHRA, describing the action plans for all recommendations in detail. More specifically, the facility is expected to fill in the plan stating the proposed action, the intermediate steps, and expected dates to implement all steps, and the responsible personnel to follow up on the required tasks.
- The facility should submit a **plan for high-priority** recommendations within **two months of the award letter** and update the plan to be monitored by NHRA **annually**. **Unless conditional** awarding status, the monitoring will be done within **six months**.
- The NHRA template for the Quality Improvement plan will be shared with the facility after the release of the accreditation award result.

Quality Improvement Plan

- A structured approach is used to evaluate the performance of systems and processes and then determine the needed improvements.
- Describes the ongoing process through which an organization's stakeholders can monitor and evaluate initiatives and results.



Quality Improvement Plan

A QIP must be:

**Updated at least
once a year.**

**Available on
request by the
regulatory authority.**

NHRA Quality Improvement Plan Layout

Facility Info

Recommendations

Areas of Improvement

Risks

Quality Improvement

NHRA Quality Improvement Plan Layout

NHRA Accreditation Recommendations Status			
Facility Name:	<<NAME>>		
Accreditation Cycle:			
NHRA Accreditation Date:	<<DATE>>		
Award Status			
Start Date:	<<DATE>>		
Planned End Date:	<<DATE>>		
End Date:	<<DATE>>		
Year 1 from		Year 1 to	
Year 2 from		Year 2 to	
Year 3 from		Year 3 to	
Year 4 from		Year 4 to	

NHRA Quality Improvement Plan Layout

NHRA Accreditation Recommendations													
Status													
Accreditation Standard	Rating from Assessment	What is the NHRA recommendation?	Category	Priority (C/H/M/L)	What is the Improvement Action required?	Status (% Complete)	Plan Date	Start Date	Responsible	Major Milestones or Deliverables	NHRA Status	NHRA Comment	Completion Date

Facility Info

Recommendations

Areas of Improvement

Risks

Quality Improvement

NHRA Quality Improvement Plan Layout

Areas of improvement Database

Areas of Improvement	What is the Improvement Action required?	Status (% Complete)	Plan Date	Start Date	Responsible	Major Milestones or Deliverables	NHRA Comment	Completion Date
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Facility Info

Recommendations

Areas of Improvement

Risks

Quality Improvement

NHRA Quality Improvement Plan Layout

Project Issues and Risks – Briefly describe the risk/issue and current status.			
Date Added	Issue or Risk	Description	Status

Facility Info

Recommendations

Areas of Improvement

Risks

Quality Improvement

NHRA Quality Improvement Plan Layout

Please outline all quality improvement work being conducted at your facility. Please include your AIM/Problem statements, Improvement Objectives, Problem Analysis, Solutions, Implementation, Monitoring etc

Date Added	Projects

Facility Info

Recommendations

Areas of Improvement

Risks

Quality Improvement

Maintaining Accreditation

It is a major achievement for any healthcare facility, **BUT** it is not the end of the process.

Fully cooperate with NHRA in monitoring implementation of those standards.

Initiate and effectively implement 1-4 new Quality Improvement projects.

Maintain the standards required for NHRA accreditation.

Effective fulfillment of the NHRA recommendations.

THANK YOU!

Accreditation@nhra.bh