



## Institutional Accreditation Standards

<b>Survey Visit Type</b>	Choose an item.		
<b>Institution:</b>		<b>City:</b>	<b>Date:</b>
<b>SCFHS Accredited Training Programs</b>			
<b>Total Number:</b>		<b>Full Programs:</b>	<b>Shared Programs:</b>
			<b>Training Unit:</b>

### Accreditation Standards' Weighing Definitions:

<b>ETR0</b>	If Not Fully Met, the New Institution Will Not Be Accredited, Accredited Training Center Will Be Warned, Frozen, or Withdrawn
<b>ETR1</b>	Mandatory for Full Accreditation
<b>ETR2</b>	Highly Recommended

### Accreditation Standards' Compliance Scoring Definition:

<b>Fully Met</b>	When the Compliance to the Accreditation Standard is at 90% or above (Comment <u>when</u> Required)
<b>Partially Met</b>	When the Compliance to the Accreditation Standard is at 51-89% (Comment <u>is</u> Required)
<b>Not Met</b>	When the Compliance to the Accreditation Standard is at 50% or less (Comment <u>is</u> Required)
<b>Not Applicable (N/A)</b>	When the Standard does not apply to the Training Center (Comment <u>is</u> Required)

### A. DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
A.1. The DIO is a consultant who has minimum of three years' experience in Training, Education and Administrative background. <b>(ETR0) **</b>					
A.2. The DIO does not assume any other Leadership Position (i.e. Head of Section/Department, Medical Director, CEO, or any other Clinical/Administrative Leadership Position). <b>(ETR0) **</b>					
A.3. The DIO has been delegated the full Authority, Responsibility and Supervision over all SCFHS-Accredited Training Programs at the Institution (Academic, Training and Financial). <b>(ETR0) **</b>					
A.4. The Institution establishes and implements a set of procedures to ensure the full Delegation of the DIO's Authority to his/her designee who has equal qualification, experience and authority of the DIO in case of his/her absence. <b>(ETR0) **</b>					
A.5. The Institution ensures that the DIO has adequate incentive and/or protected time to effectively carry out his/ her duties. <b>(ETR0) **</b>					

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\*\*Must have Evidence of Document.





B. TRAINING FACULTY					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
<b>B.1: Training Faculty (Trainers) Qualifications:</b>					
B.1.1. Maintain a valid SCFHS Classification and Registration (or Equivalent if the Training Center is Outside the KSA) as a Consultant in the Training Program Speciality) as Consultants (or Specialists for certain Disciplines). (ETRO)**					
B.1.2. Training is included as an Integral component of the Job Description. (ETRO) **					
B.1.3. Credentialed and Privileged to practice at the Institution. (ETRO) **					
B.1.4. Maintain valid Malpractice Insurance for all applicable Healthcare Professional Disciplines as per the National Mandate. (ETRO) **					
B.1.5. Certified as Trainers at areas of Clinical Teaching, Formative Assessment and Mentorship (SCFHS-TOT or equivalent). (ETRO) **					
<b>B.2: Training Faculty Requirements:</b>					
B.2.1. The Institution is committed to maintain adequate number of qualified & competent clinical Staff for Training & Supervision of all Accredited Training Programs. (ETRO) **					
B.2.2. Appropriate Supervision of the Trainees by the Training Faculty at each Training Site. (ETRO)					
B.2.3. There is a process of Documentation and Monitoring of Trainees, Trainers and Program Director Files (ETRO) **					
B.2.4. The Training Center maintains appropriate competencies of the Healthcare Professionals in consistency with the scope of provided Healthcare Services. (ETRO) **					
B.2.5. The Institution provides adequate opportunities for Trainers' Professional Development in the field of their Speciality and Postgraduate Health Professional Training and Education. (ETRO) **					

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F.2.1. Morning Report. (ETR1) **					
F.2.2. Grand Rounds. (ETR1) **					
F.2.3. Journal Clubs or equivalent. (ETR1) **					
F.2.4. Active Participation of Trainees at Mortality & Morbidity Meetings. (ETR1) **					
F.2.5. Active Participation of Trainees in at least one Healthcare Quality Improvement and/or Patient Safety Project. (ETR1) **					
F.2.6. Active Participation of Trainees in at least one Research Project. (ETR1) **					
F.2.7. Multi-Disciplinary Exposure is fostered to enhance Training for Collaborative Practice. (ETR1)					
F.3. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Education & Training of Trainees. (ETR1)					
F.4. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Trainees Evaluation. (ETR1)					
F.5. The Institution utilizes virtual tools as an integrated part of its Educational and Training Activities. (ETRO)					

### G. INSTITUTION COMMITTEES

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
G.1. Trainees are encouraged to actively participate in the following Healthcare Institution Committees:					
G.1.1. Ethics Committee (ETR1) **					
G.1.2. Patient Rights Committee (ETR1) **					
G.1.3. Patient Safety Committee. (ETR1) **					
G.1.4. Quality Committee. (ETR1) **					

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G.1.5. Infection Control Committee. (ETR1) **					
G.1.6. Mortality and Morbidity Committee. (ETR1) **					
G.1.7. Research Committee. (ETR1) **					
G.1.8. Disaster Committee. (ETR1) **					
G.1.9. Credentialing & Privileging Committee. (ETR2) **					

### H. PATIENTS RIGHTS, SAFETY AND ENGAGEMENT

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
H.1. The Institution has an implemented process for obtaining an informed consent that assures Patients' awareness of the fact that Trainees are involved in their care under direct and/or indirect supervision by their Credentialed and Privileged Trainers. (ETRO) **					
H.2. The Institution has an implemented process to ensue Trainees' Awareness towards disclosure of Medical Errors to Patients. (ETR1) **					
H.3. Trainees learn how to engage Patients to take a more Active Role in their own care. (ETR2)					

### I. LIAISON BETWEEN THE INSTITUTION AND OTHER SCFHS-ACCREDITED TRAINING CENTERS

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
I.1. The Institution has a Valid Inter-Institutional Collaboration Agreement with another SCFHS-Accredited Training Center, when Collaborating to execute a Full Training Program(s) at the Collaborating Training Center.  (ETRO) **					
I.2. The Institution encourages Trainees to rotate at an accredited peripheral Affiliated Training Site and/or an accredited peripheral Training Center, aiming to enhance their Clinical Exposure. (ETRO)					

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## J. MEDICAL SERVICES

The available Medical Staff should be Adequate, Qualified and Competent to provide Safe Patient Care and Participate actively in Education and Training. **(All Standards under this Section are meant to identify the Institution's Capacity, therefore, are not utilized for scoring Purposes).**

STANDARD		NUMBER (No.)	N/A	COMMENTS
J.1. Internal Medicine	No. of Beds			
	No. of SCFHS-Classified Consultants			
J.2. General Surgery	No. of Beds			
	No. of SCFHS-Classified Consultants			
J.3. Pediatrics	No. of Beds			
	No. of SCFHS-Classified Consultants			
J.4. Obstetrics and Gynecology	No. of Beds			
	No. of SCFHS-Classified Consultants			
J.5. Operating Rooms and Anesthesia	No. of Operating Rooms			
	No. of Post Anesthesia Care Unit			
	No. of Anesthetists			
J.6. Intensive Care Unit	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			
J.7. Pediatric Intensive Care Unit	No. of Beds			
	No. of Isolation Rooms			

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	No. of SCFHS-Classified Consultants			
J.8. Neonatal Intensive Care Unit	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			
J.9. Cardiac Care Unit	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			
J.10. Emergency Department	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			

## K. ALLIED HEALTH SERVICES

The available Allied Health Staff should be Adequate, Qualified and Competent to provide Safe Patient Care and Participate actively in Education and Training.  
(All Standards under this Section are meant to identify the Institution's Capacity, therefore, are not utilized for scoring Purposes).

STANDARD		Availability	COMMENTS
K.1. Pharmacy	In-Patient Pharmacy	Choose an item.	
	Out-Patient Pharmacy	Choose an item.	
K.2. Laboratory and Blood Bank	Hematology	Choose an item.	
	Biochemistry	Choose an item.	
	Microbiology	Choose an item.	
	Histopathology	Choose an item.	

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- Statement of Clinical Coding	D.20. (ETRO)		
- Policy of Clinical Documentation	D.21. (ETRO)		
- policy that regulates Trainees' mobility between Training Sites inside the City	D.27. (ETR1)		
- policy that regulates Trainees' mobility between Training Sites outside the City	D.28. (ETR1)		
- List of Accredited Affiliated Training Sites	E.1. (ETRO)		
Approved Policy( Participating Training Sites ensure Trainees' Safety towards Environmental Toxins, Biohazards, Radiation Exposure, Verbal and Physical Violence. (ETRO)	E.12. (ETRO)		
- Valid Certificate( . All Affiliated Training Sites are Accredited by CBAHI (or equivalent) (ETR1) **)	E.14. (ETR1)		
-Approved Policy/ Academic Calendar/ Attendance sheet/ KPI to monitor the implementation	F.1. (ETRO)		
- ITC / TPC Meeting minutes showing evidence of its approval			
- Approved Policy	F.2.1. (ETR1)		
- Showing related examples if any	F.2.2. (ETR1)		
- Time Table	F.2.3. (ETR1)		
	F.2.4. (ETR1)		
- Examples of Healthcare Quality Improvement and/or Patient Safety Project.	F.2.5. (ETR1)		
-Process of Active Participation of Trainees in Research Project, with Examples	F.2.6. (ETR1)		
- Process of Trainees Participation in Institutional Committees	G.1.		
- Evidence of Participation			
G.1. Trainees are encouraged to actively participate in the following Healthcare Institution Committees:	G.1.1. (ETR1)		
G.1.1. Ethics Committee (ETR1) **	G.1.2. (ETR1)		
G.1.2. Patient Rights Committee (ETR1) **	G.1.3. (ETR1)		
G.1.3. Patient Safety Committee. (ETR1) **	G.1.4. (ETR1)		
G.1.4. Quality Committee. (ETR1) **	G.1.5. (ETR1)		
G.1.5. Infection Control Committee. (ETR1) **	G.1.6. (ETR1)		
G.1.6. Mortality and Morbidity Committee. (ETR1) **	G.1.7. (ETR1)		
G.1.7. Research Committee. (ETR1) **	G.1.8. (ETR1)		
G.1.8. Disaster Committee. (ETR1) **	G.1.9. (ETR2)		
G.1.9. Credentialing & Privileging Committee. (ETR2) **			
- Approved Policy includes patient awareness of the involvement of trainees in providing healthcare	H.1. (ETRO)		
- Any related documents			
- Trainees Awareness Policy/ Statement of disclosure of medical errors	H.2. (ETR1)		
-Approved and Valid Inter-Institutional Collaboration Agreement	I.1. (ETRO)		

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## Institutional Accreditation Survey Agenda

Time	Minutes	Agenda
8:00 – 08:30	30	Meeting with the Designated Institutional Official (DIO)
08:30 – 09:15	45	Documents Review (Part 1)
09:15 – 10:00	45	Meeting with the Program Directors (5-10 Program Directors)
10:00 – 10:45	45	Meeting with the Trainees (minimum of 10 Junior and minimum of 10 Senior)
10:45 – 11:30	45	Meeting with the Faculty Trainers (minimum of 5-10 Trainers)
11:30 – 12:15	45	Meeting with the Institution Medical Director and Department Heads (minimum of 5 Department Heads)
12:15 – 13:00	45	Break
13:00 – 13:45	45	Facility Tour (On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, Pharmacy)
13:45 – 15:15	90	Documents Review (Part 2)- Surveyors Closed Meeting –Preparation of the Survey Report
15:15 – 16:00	45	Exit De-Brief with the Designated Institutional Official (DIO)

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Findings/Issues الملاحظات	

عدد معايير الاعتماد المؤسسي المستوفاه في كل قسم									
Section I ETR0:2 ETR1:0 ETR2:0	Section H ETR0:1 ETR1:1 ETR2:1	Section G ETR0:0 ETR1:8 ETR2:1	Section F ETR0:2 ETR1:9 ETR2:0	Section E ETR0:5 ETR1:14 ETR2:1	Section D ETR0:34 ETR1:2 ETR2:2	Section C ETR0:29 ETR1:2 ETR2:2	Section B ETR0:10 ETR1:0 ETR2:0	Section A ETR0:5 ETR1:0 ETR2:0	Standards' Weight
									(ETR0)
									(ETR1)
									(ETR2)

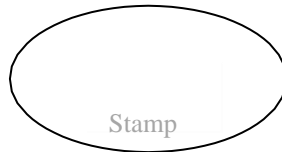
Designated Institutional Official (DIO)\*

Name:

Signature:

Date :

/ / 20 - / / 14



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توصية فريق زيارة الاعتماد المؤسسي

اسم المؤسسة التدريبية			
الدولة		المدينة	
٢٠ / / م	الموافق	١٤ / / هـ	التاريخ

التوصيات

--

نوع قرار الاعتماد المؤسسي

Choose an item.

<p>Choose an item. .١ Choose an item. .٢ Choose an item. .٣</p>	حالات التحديث: (إن وجد)
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عدد معايير الاعتماد المؤسسي المستوفاة في كل قسم									
Section I ETR0:2 ETR1:0 ETR2:0	Section H ETR0:1 ETR1:1 ETR2:1	Section G ETR0:0 ETR1:8 ETR2:1	Section F ETR0:2 ETR1:9 ETR2:0	Section E ETR0:5 ETR1:14 ETR2:1	Section D ETR0:34 ETR1:2 ETR2:2	Section C ETR0:29 ETR1:2 ETR2:2	Section B ETR0:10 ETR1:0 ETR2:0	Section A ETR0:5 ETR1:0 ETR2:0	Standards' Weight
									(ETR0)
									(ETR1)
									(ETR2)

مصادقة فريق الزيارة					
العضو المشارك الثاني		العضو المشارك الأول		المقرر	
	الاسم		الاسم		الاسم
	التوقيع		التوقيع		التوقيع

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