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| <ul style="list-style-type: none"> Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder. It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable. Information security code: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Shared -Confidential <input type="checkbox"/> Shared-Sensitive <input type="checkbox"/> Shared-Secret | <ul style="list-style-type: none"> النسخة الإلكترونية هي النسخة المضبوطة وفق إجراء ضبط الوثائق. النسخ الورقية غير مضبوطة وتقع على مسؤولية حاملها. يسمح بالوصول وباحتفاظ بهذه الوثيقة مع مصدرها أو مع المسؤول عن تطبيقها أو مع المطبق عليهم. تصنيف أمن المعلومات: <input checked="" type="checkbox"/> بيانات مفتوحة <input type="checkbox"/> مشارك -خاص <input type="checkbox"/> مشارك -حساس <input type="checkbox"/> مشارك -سري |
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Document Type: Policy	Code: DHA/HRS/HPSD/HP-17	Version Number: 2
Document Title: Hospital Accreditation	Issue Date: 10-06-2021	Effective Date: 20-06-2021
Ownership: Health Policy and Standards Department		
Applicability: All hospitals licensed under the jurisdiction of Dubai Health Authority		

1. Purpose:

- 1.1. To align with the Dubai Health Sector Strategy.
- 1.2. To ensure all DHA licensed hospitals achieve and maintain international accreditation.
- 1.3. To ensure all DHA licensed hospitals maintain continuous healthcare improvement programs.

2. Scope:

- 2.1. Hospital Accreditation.

3. Definitions and Abbreviations:

Accreditation: Accreditation is a third-party attestation related to a set of Standards and is used to formally demonstrate competence or compliance of specific tasks related to structure, process or outcome within the healthcare organisation.

DHA: Dubai Health Authority

HRS: Health Regulation Sector

IAP: International Accreditation Programme

IEEA: ISQua External Evaluation Association

ISQua: International Society for Quality in Healthcare

4. **Policy Statement:**

4.1. The International Society for Quality in Healthcare (ISQua) International Accreditation Programme (IAP) provides a global accreditation service and consists of the following independent third-party assessment process to validate existing systems and drive continuous quality improvement across three domains:

- 4.1.1. Accreditation of Health and Social Care Standards.
- 4.1.2. Accreditation of External Evaluation Organisations.
- 4.1.3. Accreditation of Surveyor Training Programmes.

4.2. DHA Licensed Hospitals

4.2.1. All DHA licensed hospitals are required to be accredited by ISQUA IEEA approved accreditor within 24 months from the point of license activation.

- a. The hospitals should fulfil the standards for operation as a hospital including but not limited to outpatient, inpatient services, operating theatre, and pharmacy.
- b. Hospital accreditation does not substitute accreditation for other specific units, services and/or specialised services such as laboratory services; stipulated in other policies, standards or circulars issued from DHA
- c. Evidence of maintaining accreditation must be submitted annually during facility licensure through the online Sheryan licensing system.

4.2.2. Hospitals must maintain their accreditation status.

- a. HRS must be informed in writing where the attempt for accreditation or

reaccreditation is unsuccessful.

i. HRS must be informed in writing with the list of failures and corrective action plan and timescales for completion.

b. HRS must be informed in writing where management decision has been made to change the accreditor.

i. Decision to change accreditor should be planned in advance to avoid any transition period of no accreditation.

4.2.3. Failure to achieve accreditation by an ISQua IEEA approved accreditor within the specified period shall result in one or more of the following:

a. Issuance of violation for non-conformity.

b. Downgrade of license.

c. Temporary or permanent restriction of services.

d. Temporary or permanent suspension of license.

e. Renegotiation of insurance premiums.

f. Other regulatory measures.

4.3. Hospital Accreditation Committee

4.3.1. All hospitals are required to form an accreditation committee to include senior management representatives from key clinical and non-clinical settings.

a. Written Terms of Reference for the accreditation committee shall be in place.

ii. The committee is responsible for planning, preparation and execution of all actions to achieve accreditation.

- All actions must be documented for audit and inspection, and review.
- iii. The committee shall appoint a responsible chief quality officer.
- The chief quality officer is responsible for the following:
 - Provide expert advice on healthcare quality and patient safety;
 - Advise on the requirements for accreditation as DHA policy;
 - Effectively manage quality assurance and accreditation activities; and
 - Report on annual key performance metrics set out by DHA.
- iv. The committee must ensure a plan is developed and implemented to assure continuous learning and improvement and maintenance of high-quality care and accreditation.

5. References

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