



General Authority for Health Services For the Emirate of Abu Dhabi		الهيئة العامة للخدمات الصحية لإمارة أبوظبي	
Division/Dep/Section: PPR/HP/CC Section: CME/CPD Subject: Process of Accreditation of a Teaching Hospital	Ref: No: PPR/HP/CC/TH-002		
	Issue Date: Nov 2006		
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1. PURPOSE:

The aim of this policy is to describe the system for the determination, awarding and maintenance of accreditation of teaching hospitals in the Emirate of Abu Dhabi.

DEFINITIONS RELATED TO THE POLICY:

GAHS:	General Authority for Health Services for the Emirate of Abu Dhabi.
CME/CPD (CC)	Continuing Medical Education /Continuing Professional Development
HP:	Health Professional regulation Department
PPR	Provider Policy and Regulation
GAHS Member Organization	Any facility - Hospital or Primary Health Clinic – that is under the administration of the GAHS
Teaching Hospital	A hospital that delivers the highest quality undergraduate and postgraduate teaching, and that values and supports research excellence

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3. POLICY STATEMENT:


- 3.1 Hospitals will receive designation of teaching hospital, based on the organization's capacity for good clinical care, as demonstrated by compliance with accreditation standards, in addition to overall performance. There is a number of General Criteria that a hospital needs to attain to reach the status of teaching hospital.
- 3.2 GAHS will maintain a system for the determination, awarding and maintenance of accreditation of teaching hospitals that ensures the integrity of the process.

4. SCOPE / TARGET AUDIENCE:

This policy applies to all hospitals applying for assignation of teaching hospital in the Emirate of Abu Dhabi

5. RESPONSIBILITY

- 5.1 GAHS is responsible for setting the criteria for determining accreditation status, and for the decision to grant or deny accreditation status on the basis of the information in a survey report and the site visit.
- 5.2 The CME/CPD section with the help of the General council of postgraduate medical education will be the bodies directly responsible for the accreditation process

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6. PROCEDURE


6.1. Application of the prospective hospital

A hospital applying to be a Teaching Hospital must submit an application that includes the following:

- a. **Hospital Self Assessment Submission** of the completed forms, along with the signature of the director, constitutes the request of the sponsoring institution for institutional review and accreditation.
- b. **A Hospital Information Form (HIF)**, which is completed by the Hospital Director in preparation for a site-visit. The HIF should contain information regarding the Hospital at the time of the site-visit. The Hospital Director is responsible for completing the HIF accurately. 1.
- c. Submission of the completed forms, along with the signature of the Director of hospital, constitutes the request of the sponsoring institution for Hospital review and accreditation.
- d. The completed application is to be submitted to GAHS CME/CPD section.

6.2. The Site-visit

Assuming the application is complete, a visiting team of 3 persons will be assigned to visit the hospital, and make a recommendation to GAHS for a teaching hospital designation. The site-visitor is responsible for verifying and clarifying the information that has been provided in the documents submitted for accreditation review. The site-visitor for a Hospital, interviews the Hospital Director, Medical Director, as well as administrators, faculty, and interns/residents, in order to prepare a report on the various aspects of the teaching program. The site-visitor does not make recommendations regarding the hospital, does not consult with the Hospital under review, and does not participate in the accreditation decision by the Review Committee formed by the CME/CPD section.

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6.3. The Review Process

6.3.1. A review committee will evaluate the documents submitted by the hospital and the site visit report.

6.3.2. **During the Review Committee meeting the committee** shall evaluate each Hospital based on the applicable requirements effective at the time of the site-visit. The Review Committee shall base its action on the following information:

The history of the hospital;

The most recent HIF submitted by the Hospital Director;

The most recent site-visitor's report;

Correspondence pertinent to the review;

Additional or revised information that may be submitted by the Hospital Director.

6.3.3. During the hospital review, the Review Committee shall take formal action on each Hospital or sponsoring institution under consideration. The final action represents a peer judgment by the Committee as a whole.

6.4. The Accreditation Cycle

6.4.1. The Hospital review cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site-visit


6.4.2. The maximum length of the cycle that may be awarded by the Review Committee is two years.

6.4.3. When a new Hospital is accredited, the effective date of accreditation shall be stipulated

6.4.4. The accreditation status of a Hospital or sponsoring institution changes only by action of the Review Committee. A Hospital or sponsoring institution remains accredited until action is taken to withdraw accreditation by a Review Committee

6.4.5. If major changes occur between site-visits, a Hospital or institutional review cycle may be shortened, and the Hospital Director shall be notified.

6.4.6. Initially designated. Teaching Hospitals and approved departments will undergo review every six (6) months.

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6.5. Notification of Review Committee Actions


- 6.5.1. **GAHS will** make sure that the Letter of Notification for each hospital is prepared consistent with the Review Committee action.
- 6.5.2. The hospital letter of Notification shall state the action taken by the Review Committee, the current accreditation status, the length of the accredited program, the number of medical students, residents/Interns approved for the Hospital as applicable, and the approximate date for the next site-visit.
- 6.5.3. GAHS public web site is updated with all accreditation actions by the Review Committee approximately two weeks after the Review Committee meeting. A list of approved Teaching Hospitals and their approved departments will be published and distributed by GAHS.

6.6. Accreditation Actions

The following accreditation actions may be taken by a Review Committee in the accreditation of a teaching hospital:

- Withheld Accreditation
- Initial Accreditation
- Continued Accreditation
- Probationary Accreditation
- Withdrawal of Accreditation

Accreditation withheld, probationary accreditation, and withdrawal of accreditation, as well as a reduction in resident/interns complement by the Review Committee, are adverse actions and subject to an appeals process.

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6.6.1. Withheld Accreditation

Accreditation shall be withheld when a Review Committee determines that the application for a designation as a teaching hospital does not demonstrate substantial compliance with the requirements.

If a Hospital re-applies for accreditation within two years of its accreditation being withheld, the accreditation history of the last accreditation action of that Hospital shall be included as part of the file.

6.6.2. Initial Accreditation

Accreditation is conferred initially when a Review Committee determines that a proposal for a teaching Hospital substantially complies with the requirements.


- A Hospital or sponsoring institution should be reviewed within six months of the initial action. If a Hospital has *not* demonstrated substantial compliance on the next review, the Review Committee may propose withdrawal or extend accreditation *with warning* for one year. At the end of this additional one year, the Hospital must demonstrate substantial compliance with the requirements, or the accreditation of the Hospital shall be withdrawn.
- Initial accreditation may be granted to a new Hospital or a previously accredited Hospital, which has had its accreditation withheld or withdrawn and has subsequently applied for re-accreditation.

6.6.3. Continued Accreditation

Accreditation is continued when a Review Committee determines that a Hospital has demonstrated substantial compliance with the requirements. Typically, the maximum length of the cycle awarded by the Review Committee is two years.

A Review Committee may grant continued accreditation in three circumstances:

- Hospitals holding initial accreditation that have demonstrated substantial compliance with the requirements;
- Hospitals holding continued accreditation that have demonstrated substantial compliance with the requirements; or
- Hospitals holding probationary accreditation that have demonstrated, following a site-visit and review, substantial compliance with the requirements.

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6.6.4. Probationary Accreditation

Probationary accreditation is conferred when the Review Committee determines that a Hospital, following a site-visit and review, has failed to demonstrate substantial compliance with the requirements.

Following the next site-visit and review, if the Hospital does not demonstrate substantial compliance with the requirements, or if new areas of noncompliance are identified, an additional one year of probationary accreditation may be granted. At the end of this additional one-year period, the Hospital or sponsoring institution must demonstrate substantial compliance with the requirements, or the accreditation of the Hospital will be withdrawn. Alternatively, a Hospital or sponsoring institution documenting substantial compliance with the requirements will be restored to continued accreditation status.

6.6.5. Withdrawal

- A Review Committee may withdraw accreditation of a Hospital under probationary accreditation when a Review Committee determines, following a site-visit and review that a Hospital has failed to demonstrate substantial compliance with the requirements.
- Following the final accreditation action for withdrawal of accreditation, the Hospital shall be allowed to complete the current academic year
- When the Review Committee confirms withdrawal of accreditation and the Hospital has been notified of the effective date of withdrawal of accreditation, no new interns /residents may be appointed to the Hospital.
- If the Hospital reapplies for accreditation within two years after accreditation has previously been withdrawn, the accreditation history of the last accreditation action of that Hospital shall be included as part of the file.

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7. CROSS REFERENCES / FORMS / POLICY / DOCUMENT

GAHS policy on Teaching Hospital Criteria PPR/HP/CC/TH-001.

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