

استماراة جائزة أميز الأداء للعيادات والمجمعات الصحية الخاصة  
بالم منطقة الشرقية للعام 2025م

## التعريف العام بالجائزة

أميزي هي جائزة تميز الأداء للمنشآت في القطاع الصحي بالمنطقة الشرقية حيث ارتقى فرع وزارة الصحة بالمنطقة الشرقية تكريم وتقدير المنشآت التي تميزت في خدمة المستفيدين، بهدف تعزيز التنافس الإيجابي وضمان تطوير مستويات أداء المنشآت الصحية في المنطقة وتقدير جهودهم المبذولة. ولعل من أسمى أهداف هذه الجائزة ما يتوقع لها من أثرا إيجابيا في خلق بيئة تنافسية تدعو للتميز والإبداع وتحسين أداء الخدمات الصحية ورفع جودتها بما يحقق رؤية المملكة 2030 المرتبطة بتطوير الخدمات الصحية المقدمة للمستفيدين.

سيكون التقديم لجائزة أميزي الأداء لهذا العام 2025م ابتداء من يوم 1 سبتمبر 2025م الى يوم 30 سبتمبر 2025م  
حسب الشروط والاحكام المرفقة

التقديم على الجائزة عن طريق البريد الإلكتروني الخاص بجائزة أميزي الأداء ( [AMYAZ-DM@MOH.GOV.SA](mailto:AMYAZ-DM@MOH.GOV.SA) )  
للتواصل للدعم الفني الخاص بجائزة أميزي الأداء أ. طلال البندر (0544445071)

## تعينة استمارة الترشيح:

الإجابة	المعلومات الرئيسية المطلوبة	رقم الهاتف
	اسم المنشأة الصحية	
	رقم الترخيص	
	تاريخ انتهاء الترخيص	
	اسم صاحب المنشأة	
	أسم المدير الطبي	
	مدينة المقر الرئيسي	
	عدد الأسرة	
	عدد الموظفين	
	عدد الكادر الصحي	
	عدد الكادر السعودي	
	عدد الكادر السعودي الصحي	

المعايير جائزة أميز الأداء للعيادات والمجمعات الصحية الخاصة

**Governance, leadership (20%)**

الرقم	المعيار الفرعي	الشروط	مرفقات
1	<p><b>Operation complies with ministry of health goals. It generally involves setting goals and priorities, determining actions to achieve the goals, and mobilizing resources to execute the actions. Shaping the strategy with the future. Whether the developers and implementers are making decisions consistent with the current national policies.</b></p> <p><b>Please attach a copy of the plan, KPI's and time frame follow up of level of achievement.</b></p>	<p><b>A strategic / operational plan with valid date , implemented and addresses the polyclinic vision and mission, objectives, analytic tools , show associated traceable measures to the strategic plan; activities to achieve the objective.</b></p>	<p>نعم صورة ل الخطة الاستراتيجية والجدول الزمني لتحقيقها مع صور لنشر الرؤية والرسالة في أنحاء المنظمة.</p>
2	<p><b>Planning is a process and thus has inputs, activities, outputs and outcomes. Setting objectives should include patient safety. Analytical tools (PESTLE, SWOT analysis, Growth-share matrix, Balanced scorecards or strategy maps).</b></p>	<p><b>Polyclinic plan's Objectives Include patient safety.</b></p>	<p>نعم</p>
3	<p><b>CEO senior leaders perform patient safety measures walk rounds / meetings, as leaders establish open and transparent communication with front line staff, fostering an environment where safety concerns are identified, discussed, and acted upon collaboratively.</b></p>	<p><b>Structured leadership Walk rounds/ meetings program addressing patient safety improvement / initiatives.</b></p>	<p>نعم ارفاق صورة من توصيات الجولات القيادية</p>
4	<p><b>Board meetings reporting to /chaired by Chief Executive Officer (CEO) are documenting patient safety discussions during periodic meeting agenda or minutes. Board members also review performance data, and incident reports to identify trends and opportunities for improvement. If there is no clear evidence of the criterion, the entire criterion = zero.</b></p> <p><b>Please attach meeting minutes / agenda addressing patient safety discussion.</b></p>	<p><b>Board of Directors meetings /executive committee meetings. (Addressing patient safety efforts and Focused Improvement projects in patient safety).</b></p>	<p>نعم صورة لمحضر اجتماع المجلس التنفيذي</p>
5	<p><b>Data is collected at the Polyclinic level, The presence of systematic, data-guided activities designed to bring about the progress of the plan according to the proposed schedule. If there is no clear</b></p>	<p><b>Continuous comprehensive quality indicator system that reports the progress of strategic or operational plan according to the time frame.</b></p>	<p>نعم صورة للمؤشرات المطلوبة</p>

مرافق	الشروط	المعيار الفرعي	
نعم صورة شهادة التوطين.	<p><b>Polyclinic must have documented evidence that indicates Periotizing citizen staffing requirements and specific qualifications.</b></p> <p><b>This indicator measures the number of Saudis working in the polyclinic</b></p> <p>(Number of Saudis working in the polyclinic / Total employees in polyclinic) * 100</p> <p>attach A staffing policy showing the framework that guides how the poly clinic hires, manages and places its employees with any preference to Saudi recruitment.</p> <p>Attach (التوظين) certificate from Human Resources and Social Development.</p>	<p><b>Work force: Periotizing citizen staffing requirements and specific qualifications.</b></p>	6
نعم صورة ل الخطة /السياسة المطلوبة	<p><b>the presence of a plan or policy to retain Saudi staff with evidence of success of the plan in the ( Saudi staff turnover rate)</b></p>	<p><b>Provide Saudi staffing recruitment and retention plan.</b></p>	7
نعم صورة من سياسة مشاركة التمريض بالجانب المختلفة	<p><b>Evidence of nurse involvement Clinical decision-making, from patient assessment and implementing care plans (health education sessions, nurses participate in developing policies, advocating for patients, and collaborating with other healthcare professionals to ensure optimal outcomes. Presence of different nursing committee's).</b></p> <p>Attach example of committee formation order showing nurses membership.</p>	<p><b>Evidence of Nurse Participation in clinical Affairs</b></p>	8
نعم	<p><b>A core competency of nursing is “the ability to practice nursing that meets the needs of clients cared for using logical thinking and accurate nursing skills”.</b></p> <p>Attach a copy of competency program structure and evidence of implementation.</p>	<p><b>presence of nurse competency program and % of nurses covered by this program</b></p>	9

## Customer/Beneficiary Services (30%)

الرقم	المعيار الفرعي	الشرح	المرفقات
1	Presence of Patient Experience Measurement Program.	<p><b>Polyclinic implements mechanisms to gather, review, and utilize patient and family opinion about the health services provided. Patient experience is a process that reflects the interpersonal aspects of quality of care received.</b></p> <p>Attach clear and complete detailed proof (e.g. patient regular survey).</p>	<p>نعم صورة لبرنامج قياس رأي المستفيد وصورة من المشروع التحسيني</p>
2	Number of improvement projects or processes based on beneficiary feedback. (Monitoring mechanism: number of projects affecting the patient experience survey element, divided by the total number of projects for every 6months) Attach clear and complete design/ details of the projects.	Number of improvement projects or processes based on beneficiary feedback implemented	<p>نعم صورة من وثيقة المشروع التحسيني</p>
3	<p><b>Percentage of complaints resolved within 48 hours from time it was filed/submitted by patient family or others.</b></p> <p><b>Resolution was communicated to the patient/ family/other.</b></p> <p><b>Numerator: Number of Complaints resolved within 48 hours from filing/submission to communication of resolution</b></p> <p><b>Denominator : Total number of complaints received.</b></p>	Percentage of closure of 937 complaints within the recommended 48 hours.	<p>لا</p>
4	<p><b>Not only the closure of 937 notification, it is the decision for improvement.</b></p> <p><b>Numerator: Complaints who received a (satisfied, very satisfied) scoring on its resolution/ outcome by the patient/family/others</b></p> <p><b>Denominator : Total number of complaints received.</b></p>	Overall Satisfaction with complaint resolution	<p>لا</p>
5	Any report or complaint that includes verbal or physical abuse or expulsion of the beneficiary. Ministry of health indicator for the number of reports of abuse is calculated monthly (in the monitoring mechanism, one number per month).	Reports of Customer abuse against Polyclinic employee over the last 12 months.	<p>نعم مرفق إحصائية بلاغات سوء المعاملة</p>

المعايير الفرعية	الشروط	البرهان
6	<p>الشروط</p> <p>البرهان</p> <p>البرهان</p>	<p>البرهان</p> <p>البرهان</p> <p>البرهان</p>
7	<p>الشروط</p> <p>البرهان</p> <p>البرهان</p>	<p>البرهان</p> <p>البرهان</p> <p>البرهان</p>
8	<p>الشروط</p> <p>البرهان</p> <p>البرهان</p>	<p>البرهان</p> <p>البرهان</p> <p>البرهان</p>

## Performance and Sustainability (20%)

الرقم	المعيار الفرعي	الشرح	مرفقات
1	Obtained by the poly clinic Accreditations	An accredited polyclinic demonstrates that it has met national/international standards. If there is no clear evidence of the criterion, the entire criterion = zero (Attach the valid accreditations granted to the Polyclinic). Attach copies of obtained accreditation. And / or application for accreditation.	نعم
2	Number of training courses conducted by the poly clinic over 12 months	(Attach training course schedules, accreditation numbers, and evidence of conducting training programs)	نعم
3	Employees trained by the Polyclinic on quality and patient safety/ tasks and skills.	(Attach the number and names of employees trained on the quality/ patient safety training programs with evidence of providing and attending the training programs) Attach number of admin. Staff of attendance.	نعم
4	Percentage of administrative staff member trained programs in safety	Attach a list of admin. Staff who were trained on patient safety with the name of training program & evidence of conducting & attending the program.	نعم
5	Agreements with non-profit societies or Active patients organizations for sick and needy (Attach a copy of each agreement)	Non-profit organizations and societies play a crucial role in providing support for sick and needy individuals, often through active agreements and collaborations. Active agreement with community charities to help the sick and needy people is of value in community .	نعم
6	Number of national initiatives, events, and campaigns in which the Polyclinic has participated (Attach a copy of the participation certificates.)	At least 1 per quarter, equivalent to 4 contributions over 12 months during the specified year.	نعم
7	Electronic Health System ( EHS )	Attach the name of the available EHS or digital version of patient medical chart with an example of one medical record.	نعم
8	Integrated Health System	All services provided are integrated in one single system. (Attach the name of the system/program and the activation date.)	نعم
9	Active Cybersecurity Protection Program	It must have specific policies and processes that demonstrate its compliance with current health information and cybersecurity regulatory requirements. It must establish a secure arrangement for sharing data between third parties, including the patient, and a backup for patient data. If there is no clear evidence, the full criterion = zero.	نعم

العنوان	الشروط	المعيار الفرعي	النوع
نعم	Attach a CFO of a privileging or credentialing committee with minute of the last 3 meeting.	physicians have current delineated clinical privileges, Documented evidence of implementing best practice	10
نعم	How polyclinic can improve the well-being of their workers, according to the World Health Organization recommendations for the vital role of healthcare workers. provide an example done during last 12 months	The Polyclinic has an employee wellbeing program	11
نعم	The system should ensure that employees can report safety concerns without fear of retaliation or negative consequence; it should be accessible method for employees to voice their concerns and for the organization to address potential issues. (Just culture). Attach a copy of the policy / reporting system.	The Polyclinic has a policy for an employee safe complaint reporting system	12

## Patient Safety (30%)

الرقم	المعيار الفرعي	الشرح	مرفقات
نعم	Clinical alarm life cycle includes the pathway for alarms of abnormal results in vital signs, lab or X ray results, which include: alarm generation, transmission, identification and response; thereby enhancing patient safety. Attach a copy of policy / pathway for critical result alarm system.	A written policy outlines critical results delineating the management of clinical alarms, including setting alarm parameters and alarm escalation procedures.	1
نعم	Attach indicators that involves tracking performance indicators, conducting audits, and documenting any non-compliance or areas needing improvement.	Evidence of reviewing and monitoring compliance with the clinical alarm system policy at least monthly, with a corrective action plan.	2
نعم	This measures the number of mistakes(for patient attending measurement , vital signs, made by staff in poly clinic when treating a patient that was reported appropriately reflecting the presence of JUST culture.	Sentinel events reported in the last 12 months with proper management and system improvement efforts / recommendation.	3
نعم	No show Rate: This is a KPI for outpatient clinics. If a patient misses a scheduled appointment, or scheduled procedure. Measure this value over time so you can address the issues and improve the attendance via a designed system/ procedure. Attach a copy of improvement project to improve Pt attendance.	No show rate and measure taken to improve it	4
نعم	Documents of different examples (pdf, and screens in waiting areas.... etc.)	initiatives of patient education campaigns	5
نعم	Attach copy of valid contract	There is a valid medical waste management contract.	6
نعم	Assignment order and approved Job description.	An assigned infection control officer with clear job description and tasks.	7
نعم	Attach infection prevention & control committee formation order showing membership of nurse / infection control officer.	Participation of (the infection control officer and/or a staff trained nurse) in the infection prevention control committee.	8

الشروط	المعايير الفرعية	الرقم
نعم  To ensure a safe and healthy environment by equipping its workforce with the knowledge and skills to prevent and control infections. This training likely covers various aspects of infection control, such as hand hygiene, personal protective equipment, and proper cleaning and disinfection procedures. If there is no clear evidence, the full criterion = zero.  Attach copied of related training program and attendance.	ratio of Employees that have been trained on the infection control skill	9
نعم  Attach a photo of the room	There is a central sterilization room, separate from other clinics as per standard	10
نعم  Number of health care employee with Bicsll certificate / total number of healthcare employee *100	Percentage of employee with BICSL certificate.	11
نعم  Attach copy of Policies and procedures which in compliance MOH guidelines.	Clear policy for Infection Prevention and Control.	12
نعم  Attach the policy of Adverse events reporting that occur with medical treatment, injury, psychological harm or trauma, or death.	Documented Just Culture Training: personnel are comfortable disclosing errors, including their own	13