

استمارة جائزة أميز الأداء للمستشفيات الخاصة بالمنطقة الشرقية للعام 2025م

التعريف العام بالجائزة

أميز هي جائزة تميز الأداء للمنشآت في القطاع الصحي بالمنطقة الشرقية حيث ارتأى فرع وزارة الصحة بالمنطقة الشرقية تكريم وتقدير المنشآت التي تميّزت في خدمة المستفيدين، بهدف تعزيز التنافس الإيجابي وضمان تطور مستويات أداء المنشآت الصحية في المنطقة وتقدير جهودهم المبذولة. ولعل من أسمى أهداف هذه الجائزة ما يتوقع لها من أثر إيجابي 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 أميز الأداء لهذا العام 2025م ابتداء من يوم 1 سبتمبر 2025م الى يوم 30 سبتمبر 2025م

حسب الشروط والاحكام المرفقة

التقديم على الجائزة عن طريق الايميل الخاص بجائزة أميز الأداء (AMYAZ-DM@MOH.GOV.SA)

للتواصل للدعم الفني الخاص بجائزة أميز الأداء أ. طلال البندر (0544445071)

تعبئة استمارة الترشيح:

المعلومات الرئيسية المطلوبة	الإجابة	رقم الهاتف
أسم 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		

جائزة أميز الأداء للمستشفيات الخاصة

Governance, leadership (20%)

مرفقات	الشروط	المعيار الفرعي	
<p>نعم</p> <p>صورة للخطة الاستراتيجية والجدول الزمني لتحقيقها مع صور لنشر الرؤية والرسالة في أنحاء المنشأة.</p>	<p>Strategy complies with ministry of health strategic goals. Strategy generally involves setting goals and priorities, determining actions to achieve the goals, and mobilizing resources to execute the actions. Whether the developers and implementers are making decisions consistent with the current national policies.</p>	<p>A strategic plan with valid date, implemented and addresses the health organization's vision and mission, with clear evidence of internal publication in the facility. Objectives, analytic tools, show associated traceable measures to the strategic plan; activities to achieve the objectives performance are being accomplished.</p>	1
<p>نعم</p>	<p>Strategic planning is a process has inputs activities, outputs and outcomes. Sitting objectives should include patient safety. Analytical tools (PESTLE, SWOT analysis, Growth-share matrix, Balanced scorecards and strategy maps). If there is no clear evidence of the criterion, the entire criterion = zero.</p>	<p>A strategic plan: Objectives (goals) include patient safety, organization's risk and quality goals. Appropriate progress and success performance measures have been established against the strategic plan and improvement efforts.</p>	2
<p>نعم</p> <p>ارفاق صورة من توصيات الجولات القيادية</p>	<p>CEO senior leaders perform patient safety measures walk rounds, as leaders establish open and transparent communication with front line staff, fostering an environment where safety concerns are identified, discussed, and acted upon. If there is no clear evidence of the criterion, the entire criterion = zero.</p>	<p>Structured leadership Walk rounds program addressing patient safety improvement / initiatives.</p>	3
<p>نعم</p> <p>صورة لمحضر اجتماع المجلس التنفيذي</p>	<p>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, patient satisfaction scores, and incident reports to identify trends and opportunities for improvement. If there is no clear evidence of the criterion, the entire criterion = zero.</p>	<p>Board of Directors meetings.</p>	4
<p>نعم</p> <p>صورة للمؤشرات المطلوبة</p>	<p>Data is collected at the facility 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 evidence of the criterion, the entire criterion = zero.</p>	<p>Continuous comprehensive quality indicator system that reports the progress of strategic plans according to the time frame.</p>	5

مرفقات	الشروط	المعيار الفرعي	
<p>نعم</p> <p>صورة شهادة التوطين.</p>	<p>The organization must have documented evidence that indicates Periotizing citizen staffing requirements and specific qualifications.</p> <p>This indicator measures the number of Saudis working in the hospital.</p> <p>((Number of Saudis working in the hospital / Total employees in the hospital) * 100</p> <p>A staffing policy is a strategic framework that guides how an organization hires, manages and places its employees.</p> <p>Attach (شهادة التوطين) certificate from Human Resources and Social Development</p>	<p>Work force: Periotizing citizen staffing requirements and specific qualifications.</p>	6
<p>نعم</p> <p>صورة للخطة/السياسة المطلوبة</p>	<p>The percentage of Saudi employees who left the hospital over the last 12 month.</p>	<p>Work force: Formulate an associated Saudi staffing, recruitment and retention plan.</p>	7
<p>نعم</p> <p>صورة من سياسة توزيع التمريض داخل الاقسام</p>	<p>Safe staffing is achieved when an appropriate number of health workers are always available across the continuum of care with the correct education, skills/competence, and experience to deliver safe patient care. The evidence is definitive.</p> <p>For example: 1:3 patients or fewer for (Emergency Room and for Cardiac Coronary Unit) / 1:2 patients for (Adult Intensive Care Unit/Cardiovascular Intensive Care Unit and for Pediatric Intensive Care Unit) / 1:6 patients Antenatal Ward: latent phase/induction area)</p>	<p>Safe Staffing Levels (SSL); Nursing ratio requirement. The hospital complies with the minimum nurse staffing standards in all clinical areas at all times according to Saudi healthcare system</p>	8
<p>نعم</p>	<p>Attachment of different committees formation order</p>	<p>Nurse Participation in Hospital Affair</p>	9
<p>نعم</p>	<p>Approved or certificate in the process of recognition</p>	<p>Nursing Recognition Program (Magnet, Nurse-Friendly Hospital)</p>	10

Customer/beneficiary Services (30%)

مرفقات	الشروحات	المعيار الفرعي	
نعم صورة لبرنامج قياس رأي المستفيد وصورة من المشروع التحسيني	The organization 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.	Patient Experience Measurement Program: Presence of focused improvement project, initiated from the program	1
نعم صورة من وثيقة المشروع التحسيني	Improvement projects or processes that have been implemented and are based on beneficiary feedback. Monitoring mechanism: number of projects affecting the patient experience survey element. Attach clear and complete design/ details of the projects.	Number of improvement projects or processes implemented based on beneficiary feedback	2
لا	Percentage of 937 complaints resolved within 48 hours from time it was filed/ submitted by patient, family or others. Resolution communicated to the patient/ family/other. Numerator: Number of Complaints resolved within 48 hours from filing/submission to communication of resolution Denominator: Total number of complaints received.	Percentage of closure within the recommended time 48 hours	3
لا	Not only the closure of 937 notification, it is the decision for improvement. Numerator: Complaints who received a (satisfied, very satisfied) scoring on its resolution/ outcome by the patient/family/others Denominator : Total number of complaints received	. Satisfaction closure of customer Complaints of different sources (937 & Reception disk complaint social medic ... etc.). Overall Satisfaction with complaint resolution	4
نعم مرفق إحصائية بلاغات سوء المعاملة	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 (monitoring mechanism).	Reported Customer abuse against the health facility or employee.	5

مرفقات	الشروط	المعيار الفرعي	
لا	<p>Patients and their families have a great understanding of their needs and have their perspective on the expected level of health care provided in a healthcare facility. A proper complaint management system can assist in answering number questions related to safety and quality of care. There is clear policy and clear presentation of the standards (an office, phone number, on line, web site) for customers related to Ministry of Health complaint policy to Increase customer satisfaction with the service provided.</p>	<p>Adherence to the guiding framework for dealing with reports: Compliance rate with the guiding framework for dealing with complaints.</p>	6
نعم عدد المخالفات على المنشأة.	<p>Improper conduct, Negligence or Default issued against health institution</p>	<p>Violations and convictions: Number of institutional violations according to Private Health Institutions Law. (لجنة النظر في مخالفات المؤسسات الصحية الخاصة)</p>	7
نعم عدد المخالفات على الأطباء بالمنشأة.	<p>Improper conduct, Negligence or Default issued against healthcare profession. Attach clear and complete proof and evidence</p>	<p>Violations and convictions: Number of hospital healthcare providers violation (لجنة النظر في مخالفات مزاولي المهن)</p>	8

Performance and Sustainability (20%)

الرقم	المعيار الفرعي	الشروحات	مرفقات
1	Recognition, Licensing and accreditation: National / International accreditations obtained by the Hospital.	An accredited organization demonstrates that it has met departmental standards. If there is no clear evidence of the criterion, the entire criterion = zero. (Attach valid accreditations certificate obtained by the hospital)	نعم
2	Accredited postgraduate SCFHS training program; established and maintained.	Recognition, Licensing and accreditation: If there is no clear evidence of the criterion, the entire criterion = zero.	نعم
3	Accredited research protection program (IRP), Establish and maintain a facility-based Research Ethics Committee.	Recognition, Licensing and accreditation: If there is no clear evidence of the criterion, the entire criterion = zero.	نعم
4	Published scientific article, by the organization or one of its employees in the past 12 months.	Recognition, Licensing and accreditation: Attach a copy of published articles / website of the Journal/ research. With clear evidence of the employee name.	نعم
5	Recognition, Licensing and accreditation: Number of training courses conducted by the organization over 12 months.	Attach training course schedules, accreditation numbers, and evidence of submitting and attending training programs. If there is no clear evidence of attendance at all training courses with names, the full criterion = zero.	نعم
6	Recognition, Licensing and accreditation: Employees trained by the facility on quality and patient safety/infection control tasks and skills.	Attach the number and names of employees trained and the quality training programs are clear and evidence of providing and attending the training programs.	نعم
7	Recognition, Licensing and accreditation: Percentage of administrators trained in safety . programs	Attach the number and names of admin employees trained on safety.	نعم
	المعيار الفرعي	الشروحات	مرفقات

نعم	The hospital provide evidence of its leadership support and contributions for needy patients through Non-profit organizations.	agreements with non-profit organizations Active (Attach a copy of each agreement).	8
نعم	One per quarter, equivalent to 4 contributions over 12 months during the current year.	Number of national initiatives, events, and campaigns in which the facility has participated (Attach a copy of the participation certificates.)	9
نعم	If there is no. evidence, the full criterion = zero.	Amount of financial support provided to charitable organizations (Attach the name of the organization and the amount of support)	10
نعم	Attach an updated percentage of privileged physician. CFO of privileging committee.	Medical staff members have current delineated clinical privileges, Documented evidence of implementing best practice.	11
نعم صورة من البرنامج	How hospitals can improve the well-being of their workers, according to the World Health Organization recommendations for the vital role healthcare workers	The hospital has an employee wellbeing program	12
نعم	Hospital support staff well-being formulated wellbeing committee	The hospital has Wellbeing Trigger (burnout) and mental health evaluation	13

Patient Safety (30%)

الرقم	المعيار الفرعي	الشروحات	مرفقات
1	Percent of drills completed from the total number of the (11) required drills.	<p>Hospital drills, also known as emergency exercises, are supervised activities designed to test and improve a hospital's emergency response plans and procedures. The required information to be uploaded is Percentage of completed simulation exercises (Drill) done for each code during the year.</p> <p>Attach clear and complete proof and evidence</p>	<p>نعم</p> <p>صورة لجميع المناورات التدريبية التي تم اقامتها</p>
2	<p>Sentinel Event Reporting and Management Policy</p> <p>Supporting safe reporting</p> <p>Closure rate of improvement plans for OVR</p>	<p>Employee safety reporting of sentinel events under a just culture policy ensures a culture where errors are disclosed without fear of blame, focusing on continuous improvement and preventing future harm.</p> <p>There is evidence of implementation of timely formal documentation in MOH Sentinel Events Platform. Attach clear and complete proof and evidence</p>	<p>نعم</p> <p>صورة من نموذج لحدث جسيم تم العمل عليه وفق الانظمة</p>
3	In-hospital Mortality Rate	<p>Total number of deaths in the Emergency Department in the month, number of patients with disposition as LAMA or DAMA / total number of discharges in the Emergency Department in the month x 100</p>	<p>نعم</p> <p>تقرير وفيات لعام 2025</p>
4	Hospital compliance rate with the highest-risk standards	<p>An index that measures the extent to which hospitals adhere to risk assessment standards that aim to raise the level of patient safety and avoid the identified harms (safety, fairness in providing services, patient-centered services, efficient, effective, and timely services). Attach clear and complete proof and evidence</p>	<p>لا</p>