

استماراة جائزة أميز الأداء للمستشفيات الخاصة بالمنطقة 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 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 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)
للتواصل للدعم الفني الخاص بجائزة أميزي الأداء أ. طلال البندر (0544445071)

تعينة استمارة الترشيح:

رقم الهاتف	الإجابة	المعلومات الرئيسية المطلوبة
		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

جائزة أمير الأداء للمستشفيات الخاصة

Governance, leadership (20%)

المعايير الفرعية	الشروط	المرافق
1	<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>	<p>نعم صورة للخطة الاستراتيجية والجدول الزمني لتحقيقها مع صور نشر الرؤية والرسالة في أنحاء المنشأة.</p>
2	<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>	<p>نعم</p>
3	<p>Structured leadership Walk rounds program addressing patient safety improvement / initiatives.</p>	<p>نعم ارفاق صورة من توصيات الجولات القيادية</p>
4	<p>Board of Directors meetings.</p>	<p>نعم صورة لحضور اجتماع المجلس التنفيذي</p>
5	<p>Continuous comprehensive quality indicator system that reports the progress of strategic plans according to the time frame.</p>	<p>نعم صورة للمؤشرات المطلوبة</p>

مrfقات	الشروحات	المعيار الفرعى	
<p>نعم صورة شهادة التوطين.</p>	<p>The organization must have documented evidence that indicates Periodizing citizen staffing requirements and specific qualifications. This indicator measures the number of Saudis working in the hospital. $((\text{Number of Saudis working in the hospital} / \text{Total employees in the hospital}) * 100)$ A staffing policy is a strategic framework that guides how an organization hires, manages and places its employees. Attach (شهادة التوطين) certificate from Human Resources and Social Development</p>	<p>Work force: Periodizing citizen staffing requirements and specific qualifications.</p>	6
<p>نعم صورة لخطة/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 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. 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%)

الشروط	المعايير الفرعى	مرفقات
نعم صورة لبرنامج قياس رأي المستفيد وصورة من المشروع التحسيني	<p>Patient Experience Measurement Program: Presence of focused improvement project, initiated from the program</p> <p>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.</p>	1
نعم صورة من وثيقة المشروع التحسيني	<p>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.</p> <p>Attach clear and complete design/ details of the projects.</p>	2
لا	<p>Percentage of 937 complaints resolved within 48 hours from time it was filed/ submitted by patient, family or others.</p> <p>Resolution communicated to the patient/ family/other.</p> <p>Numerator: Number of Complaints resolved within 48 hours from filing/submitting to communication of resolution</p> <p>Denominator: Total number of complaints received.</p>	3
لا	<p>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</p> <p>Denominator : Total number of complaints received</p>	4
نعم مرفق إحصائية بلاغات سوء المعاملة	<p>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).</p>	5

الشروط	المعايير الفرعية	مرفقات
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.	Adherence to the guiding framework for dealing with reports: Compliance rate with the guiding framework for dealing with complaints.	6
Improper conduct, Negligence or Default issued against health institution	Violations and convictions: Number of institutional violations according to Private Health Institutions Law. (لجنة النظر في مخالفات المؤسسات الصحية الخاصة)	7
Improper conduct, Negligence or Default issued against healthcare profession. Attach clear and complete proof and evidence	Violations and convictions: Number of hospital healthcare providers violation (لجنة النظر في مخالفات مزاولي المهن)	8

Performance and Sustainability (20%)

الرقم	المعيار الفرعى	الشروط	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 الفرعى	الشروط	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	الشروط	مرفقات
1	<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>Percent of drills completed from the total number of the (11) required drills.</p>	<p>نعم صورة لجميع المناورات التدريبية التي تم اقامتها</p>
2	<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>Sentinel Event Reporting and Management Policy Supporting safe reporting Closure rate of improvement plans for OVR</p>	<p>نعم صورة من نموذج لحدث جسم تم العمل عليه وفق الانظمة</p>
3	<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>In-hospital Mortality Rate</p>	<p>نعم تقارير وفيات لعام 2025</p>
4	<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>Hospital compliance rate with the highest-risk standards</p>	<p>نعم</p>