



**Directorate General of Private Health
Establishments –
Procedure of Quality Control and Patients
Safety in private Health Polyclinics, Centers,
and Clinics Section**

Doc. No: MoH/DGPHE/SOP/002/Vers.02
Effective Date: Dec 2021
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Institution Name: Directorate General of Private Health Establishments					
Document Title: Procedures of Quality Control and Patients Safety in Private Health Polyclinics, Centers, and Clinics Section					
Approval Process					
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Content Table

Acknowledgement	3
Acronyms:	3
.1 Introduction	4
2. Scope	4
3. Purpose	4
4. Definitions	4
6. Responsibilities	11
7. Document History and Version Control	11
8. Related Documents:	11
9. References:	12



**Directorate General of Private Health
Establishments –
Procedure of Quality Control and Patients
Safety in private Health Polyclinics, Centers,
and Clinics Section**

Doc. No: MoH/DGPHE/SOP/002/Vers.02
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Acronyms:

DG	Director General
DGPHE	Directorate General of Private Health Establishments
HoD	Head of department
HoS	Head of section
MoH	Ministry of Health, Oman
PHE	Private Health Establishments
SOP	Procedure



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1. Introduction

The DGPHE (DGPHE) provides this procedure as a functional guidance to standardize the format and the procedure for managing activities related to the Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, and Clinics. The average rating of audits the section does is minimum of 500 visits.

2. Scope

This document is applicable to all private healthcare institutes in MoH.

3. Purpose

- 3.1 To provide guidelines for carrying out the activities related to the Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, and Clinics section
- 3.2 To ensure that all in MoH follow a recognized standardized framework and process.

4. Definitions

4.1 Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, Clinics: Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, Clinics are the everyday costs in running a business / Institutions for things that are used continually.

Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, Clinics includes the day-today costs of running business / Institution, such as office supplies, rent, and electricity.

Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, Clinics is the everyday costs in running a business / Institution for things that are used continually or will be used within one year.

4.2 Section of Quality Control and Patients Safety in Private Health Polyclinics, Centers, Clinics: Funds used to acquire a long-term asset. A capital expenditure results in depreciation deductions over the life of the acquired asset. (An A to Z Guide to Investment



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- 4.3 Terms for Today's Investor by David L. Scott. Copyright © 2003 by Houghton Mifflin Company. Published by Houghton Mifflin Company.)
- 4.4 Institution: is an organization, establishment, foundation, society devoted to the promotion of a particular cause or program e.g universities, directorates (Douglas, 2010).
- 4.5 Institutional Document: is any document related/ applied to the institutional level.
- 4.6 National Documents: is any document applied to the national level.
- 4.7 Policy: is the basic principle, by which a government is guided, it declares objectives of the institute.
- 4.8 Procedure: is the established steps to be followed routinely in order to ensure that the outcome and values expressed in the policy are achieved (Athabasca University, 2009).
- 4.9 Process: It is a set of mandatory step by step, detailed action required to successfully accomplish a task.

5. Procedures:

5.1. Central Technical Audit Team tasks:

A. Regular Audits:

- 1. Revise and filter the facilities list by the team
- 2. Select the PHE for audit, retrieve the staffing list from the DGPHE system
- 3. Schedule the visit of facility in the calendar including allocating team leader
- 4. Audit the facility by the team and gather found observation
- 5. The team discusses the recommendation and finalizes the report
- 6. The report is sent to the PHE to rectify found observations and to be followed up as per the time frame given on the report.
- 7. Final report submitted to HoD of Quality Control & Patients Safety



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8. If any violations are found it will be sent to the Technical and Administrative Violation Committee and after issuing of the committee recommendation a post violation audit is scheduled

B. Follow-up Audits:

1. Received the rectified observation report from the PHE facility
2. Schedule the visit in the calendar including the allocation of a team leader
3. Audit the facility by the team and gather found observations
4. The team discusses the recommendations and finalizes the report
5. The report is sent to the PHE to rectify found observations and to be followed up as per the time frame given on the report.
6. Final report submitted to HoD of Quality Control & Patients Safety
7. If any violations are found it will be sent to the Technical and Administrative Violation Committee and after issuing of the committee recommendation a post violation audit its

C. Post Violations Audit:

1. Received the rectified observations report from the PHE facility
2. Schedule the visit in the calendar including the allocation of a team leader
3. Audit the facility by the team and gather found observations
4. The team discusses the recommendations and finalizes the report
5. The report is sent to the PHE to rectify found observations and to be followed up as per the time frame given on the report.
6. Final report submitted to HoD of Quality Control & Patients Safety
7. If any violations are found it will be sent to the Technical and Administrative Violation Committee and after issuing of the committee recommendation a post violation audit its



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D. Central Technical Audit Team Final Inspection:

1. Licensing & Assessing of Private Hospitals/Polyclinics, Centres and Clinics Section sends by Al Barwa system application letter for final licensing approval.
2. Review the services applied for by the PHE in the application letter and allocate technical team members accordingly by the team leader
3. Inform the PHE of the scheduled audit visit
4. Visiting the facility for final inspection
5. If the requirements are fulfilled, and completing the administrative process is made, the license of the facility is issued
6. If the requirements are not fulfilled the observation report is sent to the PHE for rectification and another audit visit will be scheduled accordingly

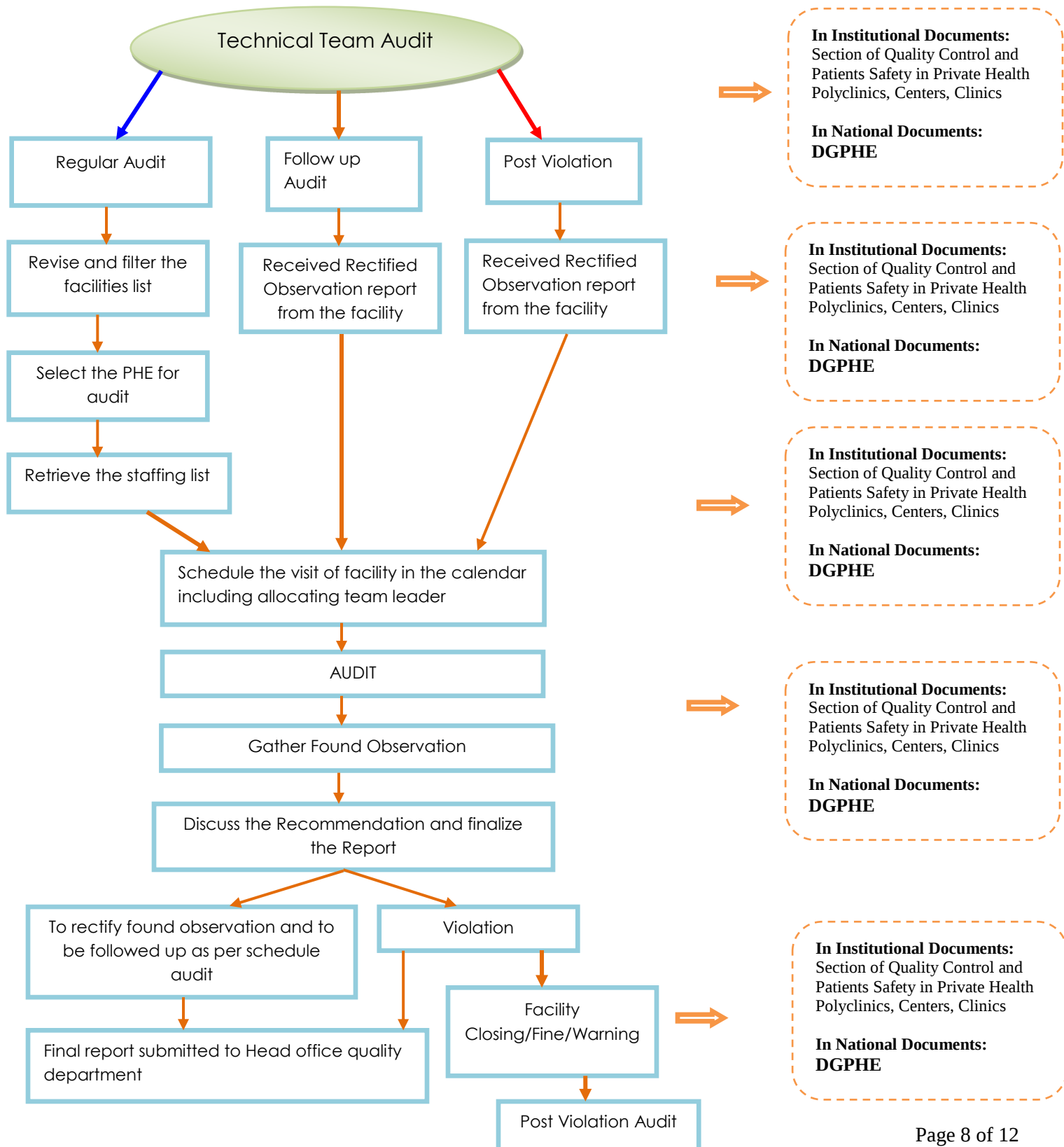
C. Approving a Visa Medical Facility:

1. Receive PHE request letter for the evaluation Licensing & Assessing of Private Hospitals/Polyclinics, Centres and Clinics Section by AL BARWA system
2. Review the sketch by the Central Technical Audit Team
3. If the sketch is not approved reply to the applicant regarding the changes needed to be made
4. If approved sent to the team to schedule a visit for final inspection
5. The team will inform the PHE of the scheduled visit
6. The visit is done by the team
7. If the requirements are fulfilled license will be issued, if not HoD of Licensing & Assessing of Private Hospitals/Polyclinics, Centres and Clinics will send the observation report for rectification and re-schedule a visit for re-inspection by the team leader



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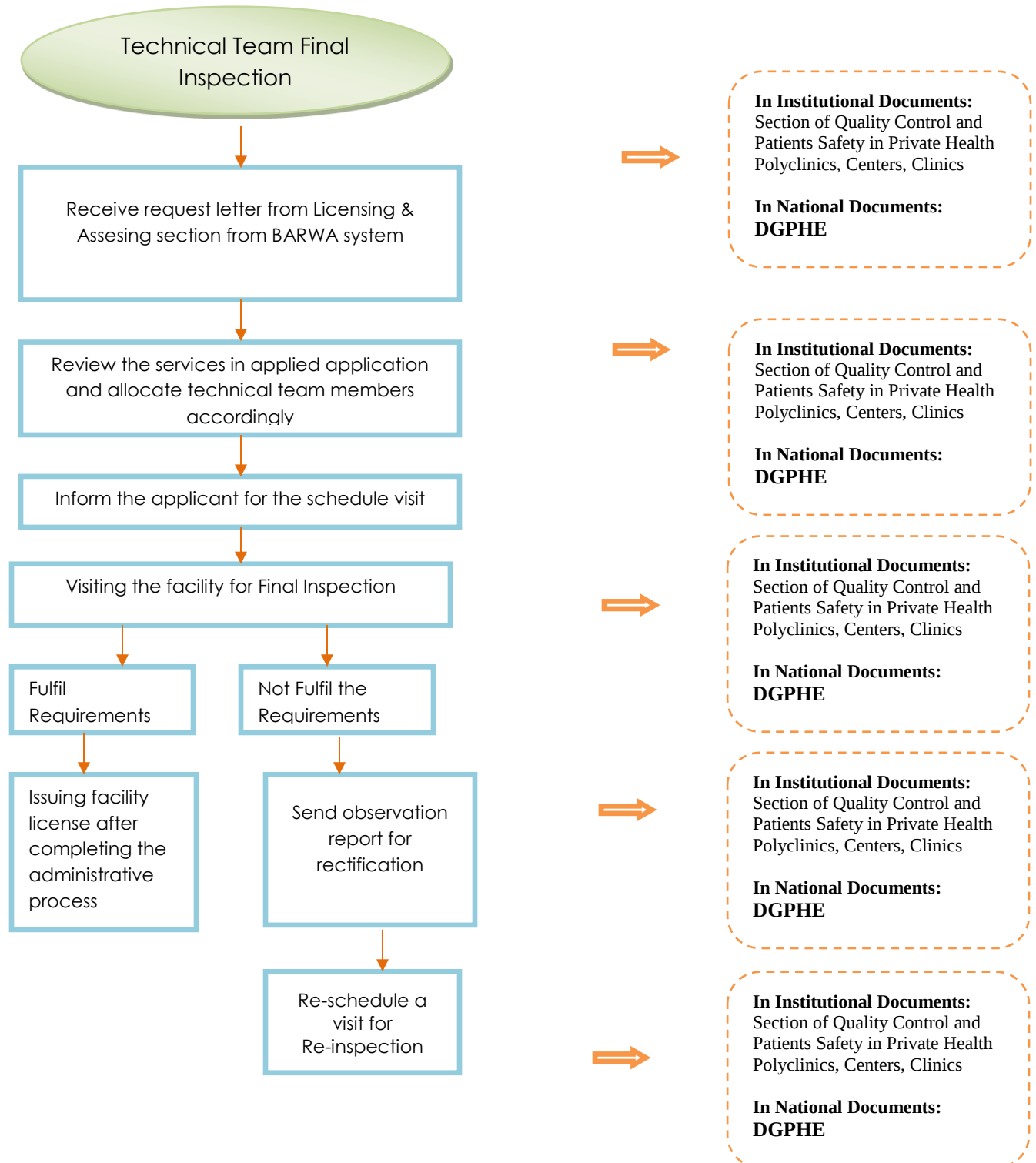
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Procedure

Visa Medical Team
(Quality/PHE)

Receive request letter from
department of Licensing & Assessing
section from BARWA system

Review the
sketch

YES

Sent to technical committee to
schedule the visit for final
inspection

NO

Reply to applicant
regarding the
changes in sketch



Visa medical team will inform
the client for the schedule visit

Client Visit

Fulfil
Requirement

License will be
issued

Not Fulfil
Requirement

Send observation
report for
rectification

Re-schedule a visit for
Re-inspection

Responsibilities

In Institutional Documents:
Section of Quality Control and
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Polyclinics, Centers, Clinics

In National Documents:

In Institutional Documents:
Section of Quality Control and
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Polyclinics, Centers, Clinics

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Polyclinics, Centers, Clinics

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Patients Safety in Private Health
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Establishments –
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6. Responsibilities

- A. Responsibilities are mentioned above in the 6.0 procedure for each activity in the DGPHE while performing this procedure
- B. Mr Suliman Al Mamari – HoD Licensing And Assessing Of PHE
- C. Dr Munira Al Hashmi – HoD of Quality Control and Patients Safety
- D. The central inspection team
- E. Mr Bader Al Jabri – DG of DGPHE

7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Ms Aida Al Hanai	Feb 2020
02	1 st review	Ms Aida Al Hanai	December 2021
Written by		Reviewed by	Approved by
Ms Aida Al Hanai		Ms Rawan Amri	Mr Bader Al Jabri

8. Related Documents:

- 8.1. Private health establishment license request evaluation form, MoH/DGPHE/F/001/Vers.01
- 8.2. Final approval form for issuing health establishment license, MoH/DGPHE/F/002/Vers.01
- 8.3. Application for private health establishment license renewal, MoH/DGPHE/F/012/Vers.01



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9. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
No references			