

<b>TITLE:</b> <b>QUALITY MANAGEMENT - DFD</b>		<b>DOCUMENT NUMBER:</b> DFD - 12189
<b>DEPARTMENT NAME:</b> <b>QUALITY MANAGEMENT (DPT)-J</b>		<b>VERSION:</b> 2
<b>EFFECTIVE DATE:</b> 23/01/2022	<b>REPLACES VERSION:</b> v.1 Quality Management Department - DFD	<b>APPROVED BY:</b> HISHAM ALOMRAN, MD

**SECTION I - DEPARTMENT DESCRIPTION**

**Mission:**

Support hospital departments to provide high level of quality and safe healthcare services and promote the education and research in quality and patient safety field.

**Type and Range of Services Provided:** *(list all services and outcomes delivered by the department)*

- Monitor compliance with the national and international accreditation standards.
- Support development and implementation of Hospital-wide and departmental Performance Improvements Projects and Quality Performance Indicators.
- Perform Mortality and Morbidity Cases Peer Review and follow-up the implementation of the reviewers' recommendations.
- Identify Clinical and Non-Clinical Risks and facilitates implementation of mitigations strategies.

**DEPARTMENT FUNCTION**

**Goals:** *(Identify the department's goals (up to three (3) goals) to be aligned with the Hospital's strategic objectives)*

1. Achieve Zero Harm to patients through the adoption of High Reliability Organization (HRO) concepts.
2. Maintain Hospital national and international Accreditation status.
3. Develop and sustain Robust Process Improvement throughout the Hospital to resolve any identified issues.

**Duties and Responsibilities:** *(The duties and responsibilities shall be clear, specific, contribute to the Hospital's objectives, and do not contradict with any other department's functions).*

1. Oversee and facilitate the continuous readiness for Hospital-wide and departmental national and international accreditations to ensure compliance with regulatory requirements.
2. Support development and implementation of Hospital-wide and departmental Performance Improvement Projects and Quality Performance Indicators. Promote reliability practices through the adoption of Robust Process Improvement and problem solving methodology.
3. Identify Clinical and Non-Clinical Risks and facilitate implementation of mitigation strategies. Review reported safety incidents, conduct cause analysis, and insure corrective actions implementation and effectiveness monitoring. Evaluate trends of adverse incidents and implement suitable follow-up on action plan.
4. Drive Culture and Process redesign to pursue Zero Harm and improve Quality.
5. Develop Quality and Patient Safety plans and collaborate with Hospital leadership and staff to implement the plans Hospital-wide.
6. Develop monitoring mechanisms for the Hospital services quality and safety with continuous reporting and following action plans.
7. Leverage an education and training approach that includes developing departmental quality resources to successfully sustain a culture of safety and high reliability.
8. Build high reliability framework including behavioral expectations, skills, tactics and tools for human error prevention, safety culture and process change to perform at the highest standards consistently over time.

**KING FAISAL SPECIALIST HOSPITAL  
AND RESEARCH CENTRE**

(General Organization)

**Departmental Function Document (DFD)**

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**Organizational Relationship:** *(Identify the department leader hierarchy and its reporting authority).*

- Quality Management – Jeddah is a “Division” under Quality Management Group headed by a “Director” level.
- The Director, Quality Management reports directly to the Chief Quality Officer (CQO), KFSH&RC (Gen. Org.) – Healthcare Delivery (HD)

**Treatment Modalities** *(Medical/Clinical Use Only):*

Not Applicable

**Days and Hours of Operation:**

Sunday – Wednesday: 7:30 am to 5:00 pm

Thursday: 7:30 am to 4:00 pm

**SECTION II - GROUP OF POPULATION SERVED**

**Population/Customer Served:**

Patients and Families  
All Hospital Departments (Clinical & Non- Clinical)  
Vendors and Consultancy Services  
Other Hospitals Quality Professionals and Healthcare Providers  
National and International Accreditation and Regulatory Organizations

**Patient Acuity** *(Medical/Clinical Use Only):*

Not Applicable

**Average Number of Patients Seen Annually** *(Medical/Clinical Use Only):*

Not Applicable

**SECTION III - STAFF REQUIREMENTS**

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**Staff Titles, Specialties and/or Licensures:**

**Staff Titles:**

Director, Quality Management  
Performance Improvement Specialist  
Patient Safety Specialist  
Accreditation Specialist  
Stem Cell Transplant Quality Coordinator  
Quality Coordinator  
Coordinator, Mortality & Morbidity  
Quality Analyst  
Administrative Coordinator II  
Hospital Assistant I  
Clerk

**Specialties and/or Licensures:**

Master's or Bachelor's Degree in Nursing, Quality or other healthcare related discipline is required.  
Saudi Commission for Health Specialties (SCFHS) Registration is required.

**Required Continuing Education and Training:** *(Identify the expected training programs required for the staff).*

**Mandatory Required Education, Training and Certification (All QMD staff) :**

[Institute for Healthcare Improvement](#) (IHI) Open School Modules  
Lean Six Sigma Green Belt Workshop  
Lean Workshop  
Basic Performance Improvement Workshop  
Advanced Performance Improvement Workshop  
Certified Professional in Healthcare Quality (CPHQ) Preparatory Workshop  
Certified Patient Safety Professional (CPPS)  
Infection Control

**Mandatory Required Education & Training (Grade 11 QMD staff) :**

ISQua Fellowship Modules  
Project Management

**REVIEWED BY (signed electronically)**

Areej Mullah  
O&M Specialist,  
Organization and Management

Alanood Abdulfattah  
Patient Safety Specialist,  
Quality Management – Jeddah

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**APPROVALS *(signed electronically)***

Approved by: **Hisham Alomran,MD**  
Chief Quality Officer  
Quality Management Department - Riyadh