CONCEPT

Healthcare Quality Management and Accreditation Readiness: Tracers, Indicators and Control Charts

9 – 13 May 2027
Dammam - Eastern Province five-star



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Ref: 757_19577 **Date:** 9 – 13 May 2027 **Location:** Dammam - Eastern Province five-star **Fees:** 19500 SAR

Introduction:

Hospitals often treat healthcare quality management and accreditation as a survey-year project: evidence binders are rebuilt in a rush, policies contradict ward practice, indicators are reported without validated definitions and the board sees numbers without signals. This Core Concept course gives quality directors, accreditation coordinators and department quality leads a working system for quality governance, standards interpretation, tracer-based survey readiness, indicator validation and control-chart reporting. Participants produce an Accreditation Readiness Gap Assessment and a Quality Indicator Dashboard for their own facility.

Course Objectives:

- Structure a hospital quality function with committee terms of reference, reporting lines and an annual quality and patient safety plan
- Interpret accreditation standards, intent statements and measurable elements and map each one to evidence and an accountable owner
- Run a controlled document system for hospital policies, procedures and forms with version control and scheduled review
- Define, collect and validate quality and patient safety indicators and benchmark them against internal and peer baselines
- Plot indicators on control charts, separate common-cause from special-cause variation and report signals to the board
- Plan tracers and mock surveys and apply high reliability principles, risk registers and credentialing links to close readiness gaps

Target Audience:

- Quality directors accountable for hospital quality programmes, committees and reporting to executive leadership and the board
- Accreditation coordinators responsible for standards self-assessment, evidence files and survey logistics
- Department quality leads who collect unit indicators, run audits and prepare their service for tracers
- Patient safety and clinical risk managers who maintain risk registers and feed findings to quality committees
- Medical staff affairs and credentialing managers who link practitioner privileges to performance data
- Policy and document control officers who manage the hospital controlled document system

Course Outline:

Day 1: Healthcare Quality Management Structure, Committees and the Annual Quality Plan

- Healthcare Quality Competency Framework Domains for Quality Professionals
- Quality Department Structure, Reporting Lines and Quality Coordinator Network
- Committee Architecture: Terms of Reference, Quorum, Minutes and Escalation Matrix
- Annual Quality and Patient Safety Plan: Scope, Priorities, Targets and Evaluation
- Facility Quality Maturity Self-Assessment Against Standards Chapters

Day 2: Accreditation Standards Logic, Survey Process and Document Control

- Accreditation Cycle: Self-Assessment, External Peer Survey, Decision and Follow-Up
- Standard, Intent Statement and Measurable Element Scoring Logic
- Standards-to-Evidence Crosswalk and Accountable Owner Matrix
- Policy on Policies: Templates, Approval Authority, Review Dates and Version Control
- Controlled Document Register, Obsolete Copy Withdrawal and Staff Attestation Records

Day 3: Quality Indicators: Definition, Data Collection, Validation and Control Charts

- Indicator Profile Sheet: Rationale, Numerator, Denominator, Risk Adjustment and Target
- Sampling Plans, Data Abstraction Tools and Inter-Rater Reliability Checks
- Indicator Data Validation Audit: Source Record Re-Abstraction and Error Rates
- Control Charts for Indicators: p-Chart, u-Chart, XmR and Western Electric Rules
- Benchmarking Against Peer Hospitals and Internal Trend Baselines

Day 4: Tracer Methodology, High Reliability, Risk and Credentialing Links

- Individual Patient Tracer and System Tracer Planning, Interview Scripts and Evidence Capture
- Mock Survey Programme: Surveyor Roles, Scoring Sheets and Finding Follow-Up
- High Reliability Organisation Principles: Preoccupation With Failure to Deference to Expertise
- Enterprise Risk Register, Clinical Risk Scoring and Links to Quality Priorities
- Credentialing and Privileging Files Linked to Practitioner Performance Data

Day 5: Hospital Case Work: Readiness Gap Assessment and Indicator Dashboard

- Case Study: Hospital Standards Self-Assessment Scored Chapter by Chapter
- Case Study: Mock Tracer Findings Converted Into a Corrective Action Tracker
- Accreditation Readiness Gap Assessment Drafting With Owners and Priority Ratings
- Quality Indicator Dashboard Build With Control Limits and Validation Status
- Board Quality Report Briefing and Governance Panel Defence

Skills You Will Gain:

- Quality Committee Governance
- Standards Interpretation
- Evidence Crosswalk Mapping
- Controlled Document Management
- Indicator Data Validation
- Statistical Process Control
- Tracer Survey Facilitation
- Board Quality Reporting

Why Attend This Course:

- Leave with an Accreditation Readiness Gap Assessment and a Quality Indicator Dashboard built on your own facility's standards and data
- Replace survey-year rushes with a year-round readiness routine of tracers, mock surveys and named evidence owners
- Present indicator data to the board with control limits and validation status instead of single-month comparisons
- Compare quality and accreditation practice with peers from public, private, teaching and specialist hospitals

Conclusion:

Accreditation readiness is the visible result of a quality system that works every month, not a file assembled before a survey. The course moves from quality structure, committees and the annual quality plan, through standards logic, evidence crosswalks and document control, to indicator definition, validation, benchmarking and control charts, then to tracers, mock surveys, high reliability principles, risk and credentialing links. The final day produces an Accreditation Readiness Gap Assessment and a Quality Indicator Dashboard ready for board review.