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MS.10.3 Heads of clinical departments together with the medical director work closely with the quality management director/risk manager in handling incidents including near misses and sentinel events.

MS.10.3.1 Root cause analysis is properly conducted.

MS.10.3.2 Emphasis is on improving systems.

MS.10.3.3 Corrective actions are documented.

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**Standard Intent:**

The heads of clinical departments together with the medical director work closely with the quality management director/risk manager in promoting and supporting the hospital-wide quality improvement, patient safety, and risk management plans. The information collected from the medical staff performance is used to:

- Studying and minimizing variances in the processes
  - Recommending equipment needed in specified areas
  - Taking actions to avoid preventable medical errors and adverse events
  - Handling incidents including near misses and sentinel events.
  - Focus on system improvements
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**MS.11 Heads of clinical departments review mortality and morbidity cases.**

MS.11.1 Heads of clinical departments conduct mortality and morbidity meetings on a monthly basis to review all cases of mortality and significant morbidity.

MS.11.2 Mortality and morbidity meetings are documented and attendance is considered essential.

MS.11.3 The departmental mortality and morbidity meetings should focus on scientific discussion, improvement and prevention, with a non-punitive intent.

MS.11.4 Heads of clinical departments work with the medical director to select cases to be referred to the hospital mortality and morbidity committee.

MS.11.5 Heads of clinical departments send regularly mortality and morbidity findings to the medical director and the quality director.

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**Standard Intent:**

The departmental mortality and morbidity committee is one of the essential hospital committees. Mortality and morbidity cases should be reviewed for a scientific discussion, improvement, and prevention, with a non-punitive intent. This should be done on regular basis (at least monthly) and its findings must be shared regularly with the medical director and the quality director.

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**MS.12 The hospital has a mortality and morbidity committee.**

MS.12.1 There is a mortality and morbidity committee that is chaired by the medical director or a designee.



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- MS.12.2 The mortality and morbidity committee reviews mortalities in the hospital and the unusual or unexpected adverse outcomes of care.
  - MS.12.3 The mortality and morbidity committee receives cases for review from various sources (e.g., referral from the clinical departments, patient complaints, and the medical director).
  - MS.12.4 The mortality and morbidity committee evaluates cases for effectiveness, timeliness and appropriateness of care.
  - MS.12.5 The mortality and morbidity findings are regularly forwarded to the medical director and the quality director.
  - MS.12.6 The mortality and morbidity committee recommends actions for improvement and evaluates their effectiveness.
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**Standard Intent:**

The hospital mortality and morbidity committee must be chaired by the medical director or a designee. It reviews mortalities in the hospital and the unusual or unexpected adverse outcomes of care and receives cases for review from various sources (e.g., referral from the clinical departments, patient complaints, and the medical director). The committee should evaluate cases for effectiveness, timeliness and appropriateness of care and recommend actions for improvement and evaluates their effectiveness.

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**MS.13 The hospital has a medical records review committee.**

- MS.13.1 There is a medical records review committee with members representing the medical staff, the nursing staff and other professionals privileged to write in the medical record.
- MS.13.2 The medical records review committee oversees and monitors the documentation in medical records for quality, completeness, and timeliness.
- MS.13.3 The medical records review committee regularly reviews a sample (e.g., 5% on a quarterly basis) of the medical records of discharged and in-patients for:
  - MS.13.3.1 History and physical examination.
  - MS.13.3.2 Assessment upon admission.
  - MS.13.3.3 Progress notes.
  - MS.13.3.4 Plan of care.
  - MS.13.3.5 Operative reports.
  - MS.13.3.6 Histopathology reports.
  - MS.13.3.7 Laboratory results.
  - MS.13.3.8 Radiology reports.
  - MS.13.3.9 Discharge summary.
- MS.13.4 The medical records review committee recommends actions for improvement and evaluates their effectiveness.