

Grounds for appeals

The hospital is entitled for an appeal if it is based on one or more of the following grounds:

- Relevant and significant information which was available to the survey team was not considered in the making of the accreditation decision.
- The report of the surveyors(s) was inconsistent with the information presented to the survey team.
- Perceived bias of a surveyor(s).
- Information provided by the survey team was not duly considered in the survey report.
- The outcome of the appeal -if comes in favor of the appellant- will result in changing the accreditation status. Appeals that will not result in changing the status of accreditation will not be considered by CBAHI.

Upon the initial acceptance of the appeal request (only when it is shown with clear and convincing evidence that the hospital sustained one of the grounds for appeal), the prior status of the hospital, if any, shall be restored pending disposition of the appeal. The appeal request shall set forth the specific grounds for the request, and shall include a statement of the reasons for each ground, along with any other relevant statements or documents the healthcare facility desires to include. Hospitals applying for an appeal must identify the specific alleged procedural failures or the specific manner in which the decision was arbitrary or unreasonable and not based on, or consistent with, CBAHI standards and policies. After studying all relevant reports and evidences, one of the following decisions shall be made and communicated to the appellant in a timely manner:

- The adverse decision is upheld, in which case the entire cost of the appeal shall be borne by the appealing facility.
- The healthcare facility's appeal is upheld and denial of accreditation is modified or reversed. In this condition a full or focused re-survey may be decided. In this case, the cost of the appeal shall be borne equally by the healthcare facility and CBAHI.

Accreditation Maintenance (Post Survey Requirements)

CBAHI has redesigned its accreditation to represent a continuous process versus a once-every-three-years evaluation. Accredited healthcare facilities are required to maintain their accreditation status by showing their continued compliance with the standards and requirements of CBAHI throughout the accreditation cycle and in accordance with the specified time frames. This translates into standing and Ad Hoc requirements.

Standing Requirements for Accreditation Maintenance

1 Corrective Action Plan (CAP)

When accreditation is awarded to a hospital, a Corrective Action Plan (CAP) addressing all standards that were not in satisfactory compliance during the on-site survey should be received for review and acceptance within (120) days from the date of the accreditation decision. The CAP ideally focuses on demonstrating what has been done rather than what will be done. The CAP should identify all non-compliant standards, the requirements for improvement, the corrective actions that have been taken or will be taken with dates and responsible individuals, and as applicable, the monitoring measures to ensure sustainability of the actions taken. A delay in the submission of the CAP that exceeds (30) days beyond the due date without justification might result in temporary suspension of the accreditation certificate.

2 Standards Compliance Progress Report (SPR)

When a hospital is conditionally accredited, it is expected to maintain this "transitional" status until fulfilling the requirements for an accredited status. Therefore, the hospital is required to address all ESRs and other