



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Quality Management And Patient Safety		
<b>Document:</b>	Administrative Policy and Procedure		
<b>Title:</b>	Systematic Approach to New or Modified Process		
<b>Applies To:</b>	All MCH Staff		
<b>Preparation Date:</b>	November 10, 2024	<b>Index No:</b>	QM&PS-APP-016
<b>Approval Date:</b>	November 24, 2024	<b>Version :</b>	2
<b>Effective Date:</b>	December 24, 2024	<b>Replacement No.:</b>	QM&PS-APP-016(1)
<b>Review Date:</b>	December 24, 2027	<b>No. of Pages:</b>	02

## 1. PURPOSE:

- 1.1 To improve employee productivity, enhance engagement and to control unwanted behaviour.

## 2. DEFINITIONS:

- 2.1 Systematic approach – the approach that is methodical, repeatable and able to be learned by a step to step procedure.
- 2.2 Modified process – a change or alteration, usually to make something work better.

## 3. POLICY:

- 3.1 Hospital leaders identify all customers need of a new or modified process.
- 3.2 Hospital leaders take feedback from the customers when making a new process or changing an existing one.
- 3.3 Hospital leaders ensure the initiation of the new process or changing of an existing one is always based on evidence and best practice.
- 3.4 Hospital leaders assess new or modified processes for risk and safety issues.
- 3.5 Hospital leaders regularly evaluate new or modified process and outcome indicators.
- 3.6 It is ensured that provision of staff training on new or modified processes.

## 4. PROCEDURE:

- 4.1 The hospital leaders sit together to discuss the new changes to be implemented.
- 4.2 The new changes are written down in the form of policy to reduce the chances that it will be misinterpreted or that it will change overtime.
- 4.3 The department heads and the identified staffs are given training on the new process.
- 4.4 Regular review of the changed process is made to avoid risk and improve safety.
- 4.5 The quality improvement for carrying out change is through the PDCA (plan-do-check-act) cycle.

## 5. MATERIAL AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Quality director
- 6.2 All Heads of Department

## 7. APPENDICES:

N/A

## 8. REFERENCES:

- 8.1 Implementing policy changes. <https://www.employmentlawhandbook.com>.
- 8.2 PDCA cycle-<https://asq.org/quality-resources>
- 8.3 CBAHI standard manual, 2016.

## 9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Rhodora Natividad	Document Management Control Coordinator		November 10, 2024
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		November 14, 2024
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	QM&PS Director		November 15, 2024
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		November 17, 2024
Approved by:	Mr. Fahad Hazam AlShammari	Hospital Director		November 24, 2024