

CBAHI Medical Staff Interview Questions (Physician Surveyor)

No.	Questions / Answers (response)
1.	<p>Is your department a member of a Hospital-wide Committee? Give Example Do this Committees study the annual review and implement the recommendations?</p> <p>Yes, we are a member of (name the committee), and we do review and implement all the annual recommendations.</p>
2.	<p>As a department head, how you communicate the hospital-wide policies to all relevant staff and keep it always accessible?</p> <p>Hospital-wide policies can be communicated by email, discussed during the meetings, and posted on the department board. All hospital policies are accessible through Policy Management System (PMS).</p>
3.	<p>As a department head, do you have a mechanism for identifying and handling customers' needs and feedbacks? Give Example</p> <p>Yes, we have to respond to the customer (internal and external) needs that we receive through surveys and direct contact with the customers: (e.g. complaints records, patient satisfaction surveys).</p>
4.	<p>As a department head, do you ensure the provision of orientation, training, and continuing education for the staff? Give Example</p> <p>Kindly elaborate in what you do to ensure the provision of orientation, training, and continuing education for the staff.</p>
5.	<p>As a department head, do you interact with other departments/committees to promote quality improvement efforts when needed? Give Example</p> <p>Kindly mention which departments/committees you interact with and give examples of these interactions (e.g., Hospital Safety Committee, Performance Improvement Council, Mortality and Morbidity committee, etc.)</p>
6.	<p>Did you receive training on quality assessment and improvement? Which activity in quality and patient safety did you participate in?</p> <p>Provide examples for training activities and for projects that you participated in. Performance Improvement (PI) module is a mandatory course through iLearn.</p>
7.	<p>How do you develop the Departmental staffing plan?</p> <p>The departmental staffing plan should define the number, type, qualifications, and job responsibilities.</p>

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8.	<p>What is the orientation process for the new employee in your department?</p> <ul style="list-style-type: none"> • New employees will go through a general hospital orientation program before allowed to work independently. • Employee will be oriented in the departmental specific orientation checklist by the head of the department or the immediate supervisor. • Additional orientation will be provided upon changing the job description or introducing new technology or equipment.
9.	<p>Who is responsible for providing the departmental orientation?</p> <p>The departmental orientation is conducted by the Head of the Department or the immediate supervisor.</p>
10.	<p>How long is the Probationary period for new employees in your department?</p> <p>The probationary period for a new employee will be 3 months (90 days).</p>
11.	<p>Which kind of performance evaluation do you have?</p> <p>Our hospital performance evaluation is a two-way process.</p>
12.	<p>What is the benefit of having a performance evaluation?</p> <p>The performance evaluation is based on set objectives for performance improvement and professional development.</p>
13.	<p>As a department head, how do you recommend and evaluate the educational and training activities required for maintaining staff competencies to provide care?</p> <p>It will be based on staff evaluation, continuous assessment through the service year, and customer needs.</p>
14.	<p>Does your hospital provide opportunities for professional development and promotion? Give Example</p> <p>Yes, we receive all the news of the vacant positions through emails and during our departmental meetings, and we can apply electronically through oracle software for interviews. We also may apply for professional leaves and business leaves.</p>
15.	<p>As a medical director or head of departments, are you involved in any hospital-wide quality improvement, patient safety, and risk management plans/projects?</p> <p>Provide examples.</p>

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16.	<p>Does your hospital have a process to minimize language barriers?</p> <p>Our Hospital Patient’s consent Forms and Educational materials are in Arabic and English languages. Translator support is available whenever needed. (You need to describe the process of communication with translators).</p>
17.	<p>Do you know how to get the translator/interpreter list to support patients who speak different languages than Arabic and English?</p> <p>Yes, we have a list of the translator. Note: If you don’t have the list, contact MCD 47157</p>
18.	<p>Are you aware of the discharge planning process particularly, for common cases with predictable outcomes?</p> <p>Explain and provide examples.</p>
19.	<p>Who has the responsibility to admit patients?</p> <p>The Most Responsible Physician (MRP)/ Primary Physician must have the privilege to admit patients and to be a MRP.</p>
20.	<p>Who can access patient files?</p> <p>The patient's medical record is available only to the authorized care providers with access.</p>
21.	<p>Are the medical and other relevant staff who are “on-call” available within the hospital premises during the on-call hours?</p> <p>The answer is depends on the service area.</p>
22.	<p>Do you get training on how to use the alarm system or call the code?</p> <p>Yes, I got training in how to use the alarm system or call the code:</p> <ul style="list-style-type: none"> • During hospital orientation • During departmental orientation • During life support training
23.	<p>Do you have written criteria to define how and when to call for the RRT before the patient “coded”?</p>
24.	<p>Do you have a policy related to vulnerable dependent patients? Where can you access this policy?</p> <p>Yes, and I can access it through Policy Management System (PMS).</p>

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25.	<p>How do you transfer patients safely in emergency cases (e.g., trauma, cardiac emergency)?</p> <p>We transfer our patients with a fully equipped multidisciplinary team and paramedic’s team when needed.</p>
26.	<p>As the healthcare provider responsible for the patient, do you receive a copy of the discharge summary for continuing or follow-up care?</p> <p>A discharge summary for continuing or follow-up care is available in the patient’s electronic record.</p>
27.	<p>As Head of departments, how the aggregated data are being analyzed and communicated to stakeholders?</p> <p>The suggested data and its analysis can be shared during staff meetings and other methods (Quality Boards etc.)</p>
28.	<p>What are the patient safety practices adopted in your hospital?</p> <ul style="list-style-type: none"> • Patient identification, • Surgical and procedural safety and timeout, • Fall prevention, infection prevention, • Medication safety for high alert and LASA medications, • Use of prohibited abbreviations.
29.	<p>How do you check healthcare provider qualifications and privileges?</p> <p>We check healthcare provider’s qualifications and privileges through the KFSH&RC web portal – MCA portal.</p>
30.	<p>How do you identify patients correctly?</p> <p>We identify patients correctly by patient’s full name (3 names) and MRN.</p>
31.	<p>Is the patient involved in the identification process?</p> <p>Yes, the patient is involved in the identification process by asking the patient to provide two identifiers such as the patient’s full name and Medical Record Number (MRN).</p>
32.	<p>When do you identify a patient?</p> <p>We identify patient before the following instances:</p> <ul style="list-style-type: none"> • Before administering medications or blood products. • Before taking blood and other specimens for testing. • Before providing any treatment and procedures. • Patients are identified in all situations and locations of the hospital.

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33.	<p>Do you have a Process to prevent wrong patient, wrong site, and wrong surgery/procedure during all invasive interventions performed in operating rooms or other locations?</p> <p>Yes, by applying the time-out process.</p>
34.	<p>What is Time-out process?</p> <p>Time-out is conducted before the procedure is initiated, in the location where the procedure will be done, initiated by a designated member of the team and involves the members of the team, entire procedure team uses active communication, the team members agree on the correct patient identity, the correct procedure to be performed, the correct site, and when applicable, the availability of the correct implant or equipment.</p>
35.	<p>How are the patients informed about their rights and responsibilities?</p> <p>Patients are informed about their rights and responsibilities during the admission process. Patients' rights and responsibilities posted on the clinical areas and the hospital web page.</p>
36.	<p>As a medical director or head of medical departments, do you have a process of informing patients and families, as appropriate, of the outcome of care, including adverse events or unanticipated negative outcomes?</p>
37.	<p>Do you have trained staff to inform patients and families about organ donation Independent Donor Advocate (IDA)?</p>
38.	<p>As a Clinical staff, do you participate in <u>selecting</u>, <u>integrating</u>, and <u>using</u> information management technology?</p> <p>Provide examples.</p>
39.	<p>Are you trained on procedures to follow during interruptions of the information system and, what do you do?</p> <p>We use the downtime forms then we enter the information in the system when it is back.</p>
40.	<p>Do you have different parts of multiple records, and how they connected?</p> <p>Yes, we have medical files and electronic ones. They are cross-referenced to the patient's unique identifier which can be easily located and all information is available and accessible when needed.</p>

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41.	<p>As a care provider, do you have access to current and past medical records?</p> <p>All patient records are available through their files and electronic version with the support of the medical record department.</p>
42.	<p>Are your Hospital staff trained to operate medical equipment safely?</p> <p>Yes, during our department orientation, we get all training for all equipment, and whenever there are new machines, we get training from the company.</p>
43.	<p>Who are the patients you consider as a High risk to develop VTE? How to prevent patients from having VTE during hospitalization?</p> <p>Examples of High VTE risk factors: Obesity, Age above 60 years, History of VTE, History of cancer, Bedridden patients, COVID ...</p> <p>All inpatients from the age of 14 and above need to be assessed for the risk of VTE risk on admission, daily reassessment must be done, and as needed. If the patient is identified as at risk of developing a VTE, appropriate pharmacological and/or mechanical prophylaxis will be provided.</p>
44.	<p>As Head of the Department/ Quality Director, how frequently does the Departmental M&M (Mortality & Morbidity) committee meet?</p> <p>The department M&M committee shall meet monthly to review and discuss M&M cases for their department.</p>
45.	<p>What types of cases are discussed in M&M (Mortality & Morbidity) committee? (Head of the Department/ Quality Director)</p> <ul style="list-style-type: none"> • Mortalities where health care provider delay, omission/ commission is identified. • Morbidities where health care provider delay, omission/ commission is identified. • Reported departmental morbidities where health care provider delay, omission/ commission is identified. • Adverse events are reported through safety reporting system (SRS) where health care provider delay, omission/ commission is identified. • Any M&M cases selected by the Department M&M Chairman.
46.	<p>How do you ensure the recommendations/ findings shared from the hospital-wide M&M Committees are communicated with your department staff as lessons learned? (Head of the Department/ Quality Director)</p> <p>The recommendations and findings are disseminated at the Department M&M Committee meetings, through email, and/ or Departmental meetings.</p>

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47.	<p>How are cases escalated to the M&M section following discussion at the Departmental M&M Committee? (Head of the Department/ Quality Director)</p> <p>The minutes from each monthly Departmental M&M meeting shall be sent to the M&M Section.</p>
48.	<p>Can you share with us any Incident / Safety event you encountered recently?</p>
49.	<p>Where can you access your Medical Departmental Manual?</p> <p>Departmental Manual can be accessed through the Department Shared folder or in the Department.</p>
50.	<p>Where can you access the Medical Staff Bylaws?</p> <p>Medical staff bylaws can be accessed through Policy Management System in info gate (PMS)</p>