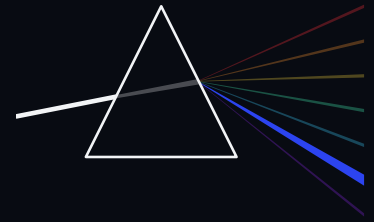


Everything around the care, to one evidence standard.

CBAHI evidence, facility services, staff training and record systems for hospitals and clinics, quality systems for medical device companies, and revenue cycle work for clinics that bill insurers.



WHAT IT DOES

We work on the non-clinical side of a healthcare facility: the building and its safety systems, the documents, the records, and the files on the people who keep them. Clinical standards and protocols stay with your medical, nursing and pharmacy leadership, and anything clinical we notice reaches them in a separate referral list.

SERVICES

01

CBAHI readiness

The non-clinical evidence a survey checks, prepared against your date. For hospitals, the survey sits behind operating licence renewal.

02

Mock survey

The survey rehearsed on your records, your building and your staff, with findings written the way a surveyor writes them.

03

ISO 13485

A device quality system sized to what your company actually does, and to what SFDA expects of your establishment type.

04

Revenue cycle management

Claims worked from the eligibility check to the posted payment, remotely, with a monthly report and a list of every open claim.

05

Facility services and training

Water, air, fire and power in buildings that treat patients, and fire safety and first aid for the staff who reach an emergency first.

06

Registers and patient data

Policy and credential registers across your branches, and a map of where patient data travels and who can reach it.

WHAT YOU RECEIVE

■ The non-clinical gap report

Every measurable element in scope, marked met, partial or not met, with an owner on your side.

■ The clinical referral list

What we notice on the clinical side, addressed to the leader who owns it.

■ The evidence index

Each standard mapped to the document and the record that prove it, and where they are kept.

■ The training register

Each person, course, date and result, split by department and shift.

■ The requirement map, or the monthly report

What SFDA expects of a device company, on one page. Or a clinic's payments, rejections and open claims.

A TYPICAL ENGAGEMENT

A re-survey in seven months

A private general hospital in Riyadh has a CBAHI re-survey in seven months. Three contractors and an in-house biomedical team each keep their own records. Fire drills are recorded for day shifts only, and the generator's load test log sits with the generator contractor.

During the walk we see look-alike medications stored side by side on one ward. That goes onto the clinical referral list, addressed to the pharmacy director. Contractor records move into the hospital's own file every month, in one format. Night-shift drills are scheduled and run. The mock survey runs in month five, and its findings are closed in month six.

The hospital holds a non-clinical gap report, a clinical referral list, the facility management and safety plans, the drill record by shift, the policy register, the mock survey report and an evidence index by standard.

NEXT STEP

Tell us your survey date

WEBSITE

goitf.com/health

EMAIL

ops@goitf.com

PHONE AND WHATSAPP

+966 55 682 4636