An Overview of Quality and Accreditation in the Health Sector within Saudi Arabia

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Abstract

The Saudi Arabian government has taken a range of positive steps in order to improve health services across the country. Since the 1970's, Saudi Arabia has been focusing on improving the quality of systems in the health care sector. In recent years, there has been an increasing interest in accreditation programs in developing countries, and Saudi Arabia is one of the first Arab countries that implemented accreditation. In 2005, the Central Board of Accreditation for Healthcare Institutions (CBAHI) was formed based on the recommendation and approval of Council of Health Services. The purpose of this board was to recognise public and private health services provisions. However, limited number of hospitals has been accredited by CBAHI. Despite the fact that the Saudi government has made great efforts to improve its health sector and to ensure that it is providing the best quality healthcare services, the government has been unable to overcome a number of obstacles to the effective application of quality such finance and qualified people.

Keywords: Saudi Arabia, Health sector, Accreditation, Quality of care

1 An overview of Quality and Accreditation in the Health Sector within Saudi Arabia

The Saudi Arabian government has taken a range of positive steps in order to improve health services across the country. Implementation of TQM in healthcare in Saudi Arabia has been at the center of healthcare decision making for some time. Since the 1970's, Saudi Arabia has been focusing on improving the quality of systems in the health care sector. Both public and private sectors have experienced growth, and the number of hospitals and employees has increased. Expenditure on the development of the range of services being offered to the patients has also grown. Development has focused on

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improving the services of health care, the structure and efficiency of the institutions and growth development initiatives.

Quality Assurance programs in healthcare were introduced and implemented in Saudi Arabia before any other Arab country. The fifth 5-year National Development Plan integrated strategies within its framework to improve the health services and Primary Healthcare Centres. This activity was first carried out by the MOH in 1984. In 1987, a Central Committee was formed to keep a check on the quality of programs in the MOH. The objective of this committee was to analyse and provide feedback on all quality operations being carried out throughout the hospitals, including how the patients were being treated and the effectiveness of utilization of resources. There were 14 hospitals throughout the Kingdom under its jurisdiction.

All primary health centres present in Saudi Arabia, along with several other medical programs, have been focusing on improving their health care programs, according to the World Health Organization. They have made resource upgrades, established specific standards and developed strategies for efficient patient care. The standards have been set to take into account efficiency levels of the centres, as well as their evaluation and improvement programs for the further development of the services.

Under the supervision of the World Health Organization, the MOH established a National Committee on Quality Assurance (NCQA) in 1993. The objectives of this program is to reinforce the objective of achieving higher quality in the healthcare delivery system and to attain specified levels of service quality, through practice of quality assurance programmes in Primary Healthcare. NCQA is responsible for providing guidance to the Primary Health Care Centres on how they may be able to develop their patient care services. In 1995, NCQA started a program for the development of management and personnel in the institutions. The managers were trained to enhance their efficiency levels and help in the quality improvement efforts being carried out in primary health care centres.

In 1994, the American Saudi Co-operation established a Saudi Committee to enhance the services provided by the Ministry of Health. Four hospitals were selected from the various regions of the country, and later four hospitals within each region. The Saudi Committee carried out workshops, seminars and other training programs for the employees of the essential departments so that they could perform more efficiently. A technical committee was also set up to develop criteria for measuring performance of these personnel. The Saudi Committee developed ten standards which took into account all services related to the utilization of resources in units such as the radiology department, blood bank, infection control, and pharmacy. The standards made sure all aspects were covered, which helped develop the performance of the physicians.

The Quality Assurance program in KSA requires efficient implementation due to the nature of work being carried out. The standards need to be set efficiently covering all aspects and the criteria need to be set by the top level of management who actually understand the importance of Quality management (QM). The patients, who are the actual consumers of the services, need to be protected in every way, and for employees, safety considered at every level to make sure they are provided with what they need, and are committed to the requirement.

In recent years, there has been an increasing interest in accreditation programs in developing countries, and Saudi Arabia is one of the first Arab countries that implemented accreditation [1]. In 2000, The Makkah Regional Quality Program (MRQP) was established under the supervision of the Prince of Makkah, to improve the health

services being provided to the people of this city. Quality Standards were set for all public and private hospitals in the region and an extensive review of the quality health programs for MRQP was carried out. These standards were adapted from the quality systems being implemented at Canadian hospitals accreditation and JCAHO. In 2003, the first publication for health standards was released and applied to all Makkah hospitals to enhance the health care systems throughout the region.

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CBAHI was established in part because of the success of the Makkah Region Quality Program (MRQP). The current CBAHI standards were developed by teams of experts from the various healthcare sectors in the kingdom: MOH, National Guard healthcare services, armed forces healthcare services, Saudi ARAMCO, the private sector, King Faisal Specialist Hospital and Research Centre, Saudi Commission for Health Specialties, Security Forces healthcare services and Civil Defence. The results of collaborative efforts of the teams, the Ministry of Health implemented the quality standards in hospitals, and in 2006 the CBAHI standard manual was finally accepted.

The numbers of standards vary from accreditation program to program. For example, CBAHI has 22 standards [2], Accreditation Canada uses 30 standards, The French accreditation has 13 standards, and Australian accreditation has 43 standards of which 19 are mandatory and 24 are non-mandatory.

Although the majority of accreditation programs are voluntary programs [3], a few programs are mandatory such as CBAHI, French and Italian accreditation. In 2011, the Health Services Council in Saudi Arabia declared that all public and private institutions must obtain CBAHI's accreditation (No.8/58 dated 4/12/2011).

An assessment of CBAHI standards has been done by Alkhenizan and Shaw [4]. Alkhenizan and Shaw point out that encouraging active participation of patients, consumer and community leaders as partners have not been mention in CBAHI standards, and there is a need for more explicit standards to coordinate risk management activities. They also mention that the development of standards was not well described. According to them, the structure of standards is not well organized and there is significant repetition, and a lack of measurable indicators for majority of standards. Another issue with CBAHI standards is that it fails to provide the process of feedback about the standards.

According to MOH, there are 420 hospitals in Saudi Arabia (MOH = 251, other governmental hospitals = 39, and private hospitals = 130). Although all health organizations in Saudi Arabia must obtain CBAHI accreditation, limited number of hospitals has been accredited by CBAHI so far, and many are still under process. Some private and governmental hospitals have obtained accreditation from different international bodies. These bodies include Joint Commission International [5], Canadian Council on Health Services Accreditation [6], and Australian Council for Health Care Standards [7]. Table 1 shows different accreditation bodies and the number of hospital that have been accredited by these bodies.

Table 1: Number of accredited hospitals in Saudi Arabia.

	Number of Hospitals	Number of Health centres	Number of Laboratories
CBAHI	57	-	1
JCI	47	7	1
CCHSA	6	-	-
ACHS	3	-	-

However, demographic distribution may be taken into consideration when it comes to accredited hospitals in Saudi Arabia. As shown in table 2, the majority of accredited hospitals are located in Central, Eastern and Western regions of Saudi Arabia (Table 2). This may because these regions have the highest number of population and the number of qualified people in these regions.

Table2: Distribution of accredited hospitals in Saudi Arabia.

	Central	Eastern	Western	Northern	Southern
CBAHI	13	11	19	2	11
JCI	17	18	19	-	2
CCHSA	5	-	1	-	-
ACHS	1	-	2	-	-

2 Challenges to the Implementation of Quality in Saudi Arabia

Despite the fact that the Saudi government has made great efforts to improve its health sector and to ensure that it is providing the best quality healthcare services, the government has been unable to overcome a number of obstacles to the effective application of quality. The most obvious of these hurdles is the healthcare services financing system. This financing system primarily consists of the public sector, of which the Ministry of Health is the most prominent. The Ministry of Finance provides the funds for the health facilities. The Ministry of Health manages all these funds and provides healthcare services in all places they are required. While the Ministry of Health receives huge amounts to provide these services, and to improve their quality, the task has remained rather difficult for the Ministry of Health, perhaps because MOH leaders are still to be fully convinced of the need to implement quality. Efforts to improve the state of healthcare services in Saudi Arabia remain a continuing process.

Another challenge to effective implementation of quality in the healthcare sector is the lack of a well-qualified local health workforce. Although the Saudi government has invested to expand the healthcare structure, it has failed to equip the system with the required number of medical practitioners, who are the fundamental resource in ensuring the proper implementation of quality management in the health sector.

The rapid growth in healthcare services that Saudi Arabia experienced throughout recent decades has exposed the problems of a lack of appropriate staff. The government sought to meet the need for medical professionals in Saudi Arabia by inviting foreigners to work in the country, as the objective of meeting the demand for medical professionals with Saudi Arabia professionals could not be fulfilled. According to one estimate, in 2010 around 78.3% of medical professionals working in Saudi Arabia were foreigners.

However, this strategy of using expatriate labor has not been very successful; there was a 37% turnover of medical professionals, which worsened the situation. In response, the Saudi Labour Force Council was established in 2003 to implement policies that could increase the number of medical professionals in Saudi healthcare centres. In this regard, steps were taken to promote medical studies and to encourage private sector financing in establishing medical training institutions and funding of postgraduate studies in medical sciences. These steps were taken quite seriously, and in Riyadh these objectives were highlighted in the first Five-year National Development Plan.

Difficulties such as those outlined above clearly indicate the need for establishment of more efficient National Health Information System (NHIS). Moreover, such a system is necessary for enabling decision makers to ensure effective implementation of quality management practices. However, a number of improvements have been made in telecommunications in health facilities, which is quite helpful in ensuring the authenticity of the NHIS and in providing direction while dealing with healthcare services and the implementation of quality management.

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