

The trend of hospital accreditation in the Kingdom of Saudi Arabia

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Hospital accreditation is a program, in which qualified external peer reviewers evaluate health care organization's compliance with pre-established performance standards. It is a standardized evaluation process to assess, promote, and ensure effective patient care and safety. Generally, it is considered to be an indicator of quality of patient care, which reflect the standards of a health care facility. Accreditation demands a continuous commitment to learning and quality improvement. Although it is an exhaustive and laborious process, it has attracted great interest in recent years as a comprehensive approach to improve and maintain the quality of health care. Lately, there has been a growing interest in accreditation in developing countries. The Kingdom of Saudi Arabia (KSA) is one of the first countries in the Eastern Mediterranean region to implement health care accreditation standards.¹

The history of accreditation in KSA dates back to 1994, when Saudi Aramco established the Saudi Medical Services Organization (SAMSO) Standards.² Private and governmental hospitals had to meet SAMSO standards to be accepted as referral health care facility for their employees. Later, in 2001, the Council for Development of Health Services in the Makkah region was established, which led to the establishment of the Makkah Region Quality Program (MRQP) in 2003. It involved certain standards to be met by the Ministry and private hospitals in Makkah region. In October 2005, the Central Board of Accreditation for Healthcare Institutions (CBAHI) was established by the Ministry of Health (MOH), which has already accredited approximately 45 health institutes in the country. To operate in the Kingdom, the MOH has made it mandatory for all health facilities to acquire accreditation from CBAHI.³ Several private and governmental hospitals have sought stronger commitment by obtaining accreditation from different international accreditation bodies including Joint Commission International (JCI), Commission on Accreditation for Rehabilitation Facilities (CARF), International Standard Organization (ISO), Australian Council on Health Care Standards (ACHS), National Committee for Health Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organization (JCAHO) and Accreditation Canada formerly Canadian Council on Health Services Accreditation (CCHSA).

The first hospital in KSA to obtain international accreditation was King Faisal Specialist Hospital and Research Centre in the year 2000. The international organization with maximum number of accredited health facilities in Saudi Arabia is JCI. The JCI was established in 1994. It operates globally to improve the quality and safety of patient care in more than 90 countries by assisting international health care organizations.⁴ The JCI is accredited by the International Society for Quality in Health Care (ISQua), and serves as a safety collaborating center designated by the World Health Organization. In 1999, the JCI accreditation program was formally launched for accreditation of health institutes. It mainly focus on patient safety, and is designed to accommodate socio-cultural factor within a country.⁴ There has been a substantial increase in JCI accreditations in KSA recently. The number of JCI accredited hospitals has nearly doubled in the last 4 years (Table 1). Five hospitals have been re-accredited with JCI 3 times, while 19 hospitals have been re-accredited once. None of the hospitals were de-accredited so far. This reflects a commitment to the maintenance of high quality health services.

A very limited data is available regarding the impacts and outcomes of accreditation in Saudi hospitals. AlKhenizan and Shaw² reports that CBAHI standards have a good focus on quality improvement and planning, but the involvement of patients and community leaders in the planning process is deficient. There is a need for more overt standards to coordinate risk management activities. It focuses on important aspects of safety, and provides a consistent measurement of the performance of health organizations. However, there is room for improving structural development of standards, as most standards lack measurable indicators. A survey of 25 hospitals in the country showed a 10-20% improvement in patient safety culture, leadership commitment, and utilization of resources after acquiring hospital accreditation.⁵ There was also a nominal increase in patient and staff satisfaction (less than 10%). Hospital accreditation has been one of the driving forces in KSA towards improvement in quality health care. This is showcased by the fact that 3 JCI accredited hospitals were short listed for Arab Health awards in 2011. Statistical analyses of a post-accreditation survey at King Abdul Aziz university Jeddah reports that the Canadian accreditation process generated a positive impact on most of the patient safety indicators assessed in that study.¹ Another study highlighted quality improvement through accreditation of 4 hospitals in KSA and Kuwait. From the readiness assessment to the on-site survey, compliance to Accreditation Canada standards improved by an

average of 67%.⁶ Recommendations from the readiness assessment and increase in standard compliance led to improvements in various indicators of quality care. Demographic distribution reflects that accreditations are mainly confined to mainstream hospitals of regions with highest population. The JCI accredited hospitals were: Makkah (11); Riyadh (12); and Eastern Region (16).⁴ As accreditation serves as a quality indicator, an increase in the burden of care may be expected in these hospitals, as number of patients seeking medical care at accredited institutes may rise. Hospitals acquiring more than one accreditation may face difficulties to meet the requirements of each accreditation body at the same time. Although the standards ensure quality care, their indicators may be different. For example, rehabilitation hospitals, which acquire CARF accreditation first, may have to fulfill different criteria set by CBAHI, or JCI for a rehabilitation facility.

As per MOH website, the total number of hospitals in the Kingdom is 415 (MOH=249, other governmental hospitals=39, private sector hospitals=127).⁷ Since all health care facilities in KSA have to be accredited by CBAHI, there is great challenge to meet this target in the future at both ends. Only a limited number of hospitals have been able to acquire CBAHI accreditation so far, and many are still under process (Table 2).

Table 1 - New Joint Commission International (JCI) Accreditations per year in Saudi Arabia.⁴

Year	Number
2012	3
2011	7
2010	4
2009	8
2008	6
2007	5
2006	6
2005	0
2004	0
2003	0
2002	3
2001	1
2000	1

Table 2 - Number of hospital accreditations in the Kingdom of Saudi Arabia.

Accreditation body	Number of accreditations
Joint Commission International (JCI) ⁴	44
Central Board of Accreditation for Healthcare Institutions (CBAHI) ³	45
Ministry of Health	30
Private	15
Commission of Accreditation for Rehabilitation Facilities (CARF) ⁸	2

In conclusion, in the Saudi health system, the perception of accreditation is being perceived as a key component in strengthening and encouraging quality improvement. Unlike CBAHI, which is a mandatory accreditation, many hospitals are seeking international accreditations willingly. It demonstrates that the health care facilities are voluntarily seeking an independent review of its commitment to safety and quality. Considering the fact that accountability is also declared when an organization considers accreditation, this voluntary stride confirms a strong dedication of Saudi hospitals towards quality improvement and maintenance of excellence in health care.

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