The Importance of CBAHI Accreditation

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Healthcare Accreditation: an overview
Introduction

• Healthcare accreditation is a process of external peer review to assess the performance of a healthcare facility in relation to agreed healthcare accreditation standards.

• Accreditation in healthcare has existed for over 100 years (Brubakk et al, 2015).

• Accreditation has been widely adopted as an essential part of healthcare systems in more than 70 countries (Greenfield et al, 2013).
Introduction

• Accreditation is a primary driver of quality and safety internationally (Braithwaite et al, 2006).

• Health service accreditation is an assessment of performance against standards at a given point in time.

• It provides a snapshot of performance against standards (Swiers & Haddock, 2019).
Introduction

• Accreditation is part of healthcare globally and is a reliable activity (Greenfield et al, 2010).

• It has been found to improve patient care and support a positive culture and effective leadership in various countries and settings (Bogh et al, 2016; Braithwaite et al, 2010; Shaw et al, 2014).

• It also contributes to continual and systematic quality improvement changes, at a process and system level within hospitals (Greenfield et al, 2019).
Accreditation’s value
It's debatable!
• Current literature is unable to consistently assess the effectiveness of accreditation (Brubakk et al, 2015).

• Argument that inconsistent and unconvincing evidence fails to demonstrate the value of accreditation (Hinchcliff et al, 2012, Brubakk et al, 2015, Duckett et al, 2018).

• Questioning if the investment in accreditation delivers sufficient outcomes with desired/expected patients’ safety (Øvretveit et al, 2000, Lam MB, 2018, Griffith JR, 2018).

• There was no statistically significant association between Lebanese accredited hospitals and patient satisfaction (Haj-Ali et al, 2014).

• Considerable variation within accreditation categories in quality of care and mortality among surveyed hospitals, which indicates that accreditation have limited usefulness in distinguishing individual performance among accredited hospitals (Chen et al, 2015).
I Agree!
Infection control performance is positively associated with accredited facilities (Sekimoto et al, 2008).

Supportive evidence was found for using SAB rates to demonstrate the impact of infection control programs embedded within the accreditation program (Mumford et al, 2015).

For IPC KPIs (VAP, CAUTI, CLABSI and SSI), the healthcare accreditation acts as a catalyst for implementing and monitoring positive changes (Fatima MS and Habibur Rahman M, 2017).

Admissions at fully accredited hospitals were associated with a lower 30-day mortality risk than admissions at partially accredited hospitals (Falstie-Jensen AM et al, 2015).

Admissions at fully accredited hospitals were associated with a shorter LOS compared with admissions at partially accredited hospitals (Falstie-Jensen AM et al, 2015).
The More I Think
The More Confused I Get
Contradicted views of published research about value and effectiveness of healthcare accreditation are expected and could be referred to:

- Different accreditation methods.
- Different healthcare systems.
- Different study designs.
- Measures of different outcomes.
- Inability to ascertain causal relationship.
- Studies sample sizes.
- Others…
Accreditation

Can not:

• Guarantee absolute quality.

• Guarantee absolute safety.

• Eliminate all risks.

• Guarantee that evidence based best practice is always provided.

Can:

• Act for the best interests of patients and HCWs.

• Be a commitment to minimising risks.

• Be a commitment to maximising quality and safety.

• Ensure/encourage the continuous quality improvement of the organisation.

Therefore, accreditation provides a snapshot of performance against standards while the ongoing maintenance and improvement of this performance is the responsibility of the accredited facility (Swiers & Haddock, 2019)
Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI)
CBAHI At A Glance

• CBAHI has emerged from the Saudi Health Council as a non-profit organization.

• The principal function of CBAHI is to set the healthcare quality and patient safety standards against which all healthcare facilities are evaluated for evidence of compliance.

• The Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) is the official agency authorized to grant accreditation certificates to all healthcare facilities operating in Saudi Arabia.
The foundation of CBAHI dates back to 2001 as Makkah Region Quality Program (MRQP).

MRQP was an initiative aimed at improving quality of healthcare delivery in Makkah Region.

In 2005, under a Ministerial Order, MRQP was developed and named as Central Board for Accreditation of Healthcare Institutions (CBAHI) and its jurisdiction was expanded to the whole country.
2006

- With the assistance & collaboration of healthcare quality experts from the public and private sectors, CBAHI launched the first edition of national standards for hospitals.

2012

- CBAHI’s 2nd edition of national standards for hospitals was certified by the International Society for Quality in Healthcare (ISQua).

Late 2013

- Mandatory status of CBAHI accreditation was declared when a Cabinet of Ministers Decree called for changing CBAHI’s official name to the “Saudi Central Board for Accreditation of Healthcare Institutions.”
• In 2013, the national accreditation by CBAHI was also mandated on all healthcare facilities.

• In addition, CBAHI accreditation became a prerequisite for renewal of the operating license – a step towards encouraging more participation in this ambitious national initiative.

• Currently, it is mandatory for all public and private healthcare delivery facilities (hospitals, polyclinics, blood banks and medical laboratories) in Saudi Arabia to comply with national standards set by CBAHI and obtain their accreditation through a survey process set forth by the Center.
CBAHI’s Accreditation Achievements
Total of **273** hospitals had undergone CBAHI accreditation process (status till October 2019):

- **212** hospitals had been **accredited** (78%).
- **50** hospitals had **denied** accreditation (18%).
- **9** hospitals with **conditional** accreditation (3%).
- **2** hospitals had their accreditation **suspended** (1%).
Out of 88 clinical laboratories, total of 56 laboratories (64%) had been **accredited** (until September 2019).
Total of 196 Primary Health Care Centers had undergone CBAHI accreditation process (status until October 2019):

- **165** PHC had been **accredited** (84.2%).
- **28** PHC had **denied** accreditation (14.3%).
- **3** PHC had **conditional** accreditation (1.5%).
CBAHI Literature Review
• CBAHI standards need significant modifications to meet ISQua principles. New and developing accreditation programs should be encouraged to be published (Alkhenizan A, 2010).

• Limited number of hospitals has been accredited by CBAHI. Despite the great efforts to improve services in health sector, number of obstacles (such as finance and qualified staff) have not yet been overcome to achieve effective application of quality (Almasabi MH, 2013).

• CBAHI accreditation has positive impact on healthcare environment processes, outcome and patient satisfaction (Al Shammari M, et al, 2015).
Accreditation: Challenges
• Validity of standards.
• Reliability of assessments/surveys.
• Leadership and effective engagement of healthcare professionals.
• Transparency and accountability.
• Patient/care givers involvement.
• Quality of gathered data & proper analyses.
• Benchmarking and data share.
Summary
Take home message:

• Accreditation is not about ‘passing an exam, it is about commitment.
• Accreditation is not the goal → Continuous Quality Improvement.
• Accreditation programs guide performance and influence organisational culture.
• Accreditation increases efficiency → health systems need to become less accepting of errors.
Thank you for your attention
References:


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