



The Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) compared with the Joint Commission International (JCI) and the American College of Radiology (ACR)

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Editorial

Volume 8 Issue 2

Received Date: March 11, 2024

Published Date: April 04, 2024

DOI: 10.23880/mjccs-16000357

Abbreviations: CBAHI: Central Board for Accreditation of Healthcare Institutions; JCI: Joint Commission International; ACR: American College of Radiology; CAP: College of the American Pathologists; DVT: Deep Venous Thrombosis; PE: Pulmonary Embolism; KPI: Key Performance Indicators.

Editorial

In this paper we compare the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) with the Joint Commission International (JCI) and the American College of Radiology (ACR) regarding accreditation of hospitals or radiology departments. CBAHI was established in 2005 by the Saudi Arabian Ministry of Health to improve the health care service to the public and to localize the protocols and the policies. CBAHI sets standards for healthcare facilities like hospitals, clinics, and laboratories according to CBAHI standards. The applying of these standards vary on the degree of enforcement of these standards in private or governmental sectors. In private is so harsh and in public is so easy. They look around and do interviews. The localization of standards made a huge issue by making standards that are meaningless. For example, in CBAHI rules it says "the head of the radiology department must be a radiologist", how that will affect the patient care? Radiology departments in CBAHI standards are dealt with as "laboratory" which is a huge mistake.

Laboratories and radiology departments are so different and their standards varies like the College of the American Pathologists (CAP) and the ACR. Another issue is the lack of specifications in CBAHI, for example, the JCI requires

scanning all patients for Deep Venous Thrombosis (DVT) and Pulmonary Embolism (PE). ACR required to do a brain CT perfusion in 90 seconds for patients with strokes. In the same time, CBAHI has no good high standards specification that reflects on the patient wellbeing in radiology department. Both JCI and ACR have a long monitoring time, meanwhile CBAHI is a one day visit were things done by quick fix and cosmetic make up to look good. There is no checking for Key Performance Indicators (KPI) due to the lack of standards for radiology departments. Radiology departments are recognized as laboratories; therefore; you can't have a standards when you do not recognize the department and give a clear practical standards like the JCI and the ACR. We use both ACR and JCI to compare them to CBAHI to show that CBAHI is not like any of them. For example, JCI set a standards that any surgical procedure major or minor will follow a specific standards anywhere in the hospital wither in the dentist clinic, in the emergency room, or in the operation room. These standards must be done on patients and monitored by the JCI.

The ACR requires a specific technical standard in radiology departments that needs a lot of training to achieve being that good. Some of these scans and radiology reports are uploaded to the ACR website then the accreditation is given to a specific modality like; CT, MRI, etc. The ACR publishes a manual yearly and expect that manual to be followed by departments that wants to be accredited. These annual manuals have some contradiction like how to deal with patients who uses of Anti-Hyperglycemic Agent like metformin which changed differently in the years, 2019, 2020, and 2021; even though; they still have a manual and

standards to follow (even if the manual has some issues). CBAHI does not release a yearly manual to radiology departments. ACR asked to conduct an examination on patients and they will analyze the image quality based on technical standards. The ACR will ask to do QC and QA by conducting some tests on a phantom that is made by the ACR and the department will be asked to send these images to the ACR, in order to be analyzed by them, CBAHI does not do any of these things. CBAHI is neither the JCI nor the ACR. It does not provide better standards to the hospital as a whole or the radiology department as a specific department. Therefore, CBAHI is useless and it does not improve public hospitals, it might improve the private hospitals. The ACR and JCI are difficult accreditations, but it will have an impact on the level of care for the patients.

CBAHI must recognize radiology department as a separate working department with different requirement than laboratories. What CBAHI is asked to do is to make a technical standard and understand the public hospital available resources. For example, CBAHI should ask to do a brain CT with contrast in 90 seconds for the patient with stroke (i.e. since perfusion is not provided in the package for public hospitals). Accordingly, the requirements should consider what public hospital is provided with, by the Ministry of Health. CBAHI should publish a manual annually and provide what is the best protocol that should be followed. CBAHI should test all hospitals according to these standards which take in consideration what resource is provided to those hospitals. These standards must have levels for hospitals with all resources, hospitals with limited resources, clinics, dispensaries, etc. These standards must check for technical things in private and public hospitals without any discrimination. These standards must focus on the patient care and be purely technical. Avoid the cosmetic quick fix and work on the core of the issues. Make training period for hospital and monitor their progress on the long run. There must be CBAHI accreditation experts that are trained by CBAHI to teach these hospitals. CBAHI must make sure that hospitals follow these steps when CBAHI is not monitoring. Part of CBAHI policies is engineering check for doors, facilities, locks, tables, patient couches, and computers issues. The response time of biomedical engineering must be tested.

As well the administration respond time to a complaint or some intervention. A hospital could be CBAHI accredited in radiology department and fail in emergency room. So, there is no accreditation for the whole hospital, but a departmental CBAHI accreditation is recommended. Not only that, but each department has a unit and the accreditation is done based on unit accreditation. For example, in radiology department, X-ray unit, fluoroscopy unit, ultrasound unit, nuclear medicine unit, CT unit, and MRI unit. Each of these units must get the accreditation in order to have the departmental accreditation. All departments of the hospital must get the accreditation in order to have the accreditation of the whole hospital. This way, all units will have pressure on them and all department will feel the pressure on them to fulfill the requirement and not be the source of not get the accreditation. This way, all units will work hard to look good and fulfill their tasks. As well, this method will show the issue is located in where? And the hospital can work on it. Having a good accreditation system that always improve the healthcare and it will eliminate the need for a foreign accreditation system like the JCI or the ACR. As will, this system will save the financial resources of the whole country by keeping the money inside the country.

This accreditation system when it has been proof that it works, then it can be exported to other countries where the standards matches the available resources. The aim of CBAHI should be to achieve the best goals ever possible with the available resources. CBAHI could have as a first step of accreditation, the unit or the department needs the accreditation must fill up a form that indicates what they have as a resources in the department, then CBAHI teach them how to achieve the best goals with that available resources. This way, the JCI and ACR which ride on Ivory towers will be replaced by the realistic CBAHI accreditation. For example, developing countries around the world do not have that expensive high tech that ACR or JCI speak about. They have below minimum machines with old technologies and few resources. Some countries they have no machines at all. CBAHI must have a category for such conditions to be more inclusive for economic status and make the best conditions for the patients with available resources. In order to do such accreditation system, CBAHI needs experts and hard work.