

Review Article

Study on Health Care Services and Quality Strategies

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Abstract: This nation is viewed as an emerging nation and is positioned as 26th among 190 nations as far as its health care framework. The Saudi Arabian government gives free admittance to various health care administrations to all local area individuals and furthermore to the travelers working in the country. The World Health Organization (WHO) characterizes mass get-togethers as "occasions went to by an adequate number of individuals to strain the preparation and reaction assets of a local area, state or country.

Keywords: Strategies, Health Care, WHO.

Introduction

A powerful health care framework reacts to the assumptions and requirements of the local area individuals by working on the general health of each person inside a worldwide organization of families and networks. The World Health Organization (WHO) suggests a scope of procedures in giving a powerful health framework, which incorporate the preparation of health techniques that address disparities, openness, and shared decision-production by zeroing in on individuals focused consideration. Also, the observing and assessment of these procedures is fundamental to maintaining and keeping a compelling health framework. Every health framework reacts autonomously as indicated by every area and shifts as per their assets and shortcomings^{1,2}.

Saudi Arabia Health Care System

This nation is viewed as an agricultural nation and is positioned as 26th among 190 nations as far as its health care framework. The Saudi Arabian government gives free admittance to various health care administrations to all local area individuals and furthermore to the migrants working in the country. As per World Health Organization, the whole costs on general health by the public authority were 5% of the "GDP" (GDP). The "Service of Health" (MOH) is additionally scrupulous for the administration, arranging and definition of various directing health programs and furthermore the health arrangements³. The health framework in Saudi Arabia is fundamentally government based. The "Service of Health" screens the health administrations gave in the private area and gives fundamental direction and counsel to various government offices and private areas as far as accomplishing the health goals of government. The "Service of Health" regulates around 20 "local directorates-general of health undertakings" in various areas all around the country. Each commonplace health directorate has a few health areas and emergency clinics which thusly regulates different general health places (PHC). The directorates carry out the different projects, plans and approaches of the Ministry of Health and backing the general service in accomplishing the health goals of the public authority. Figure 1 represents the pathway and administration of the health care framework in Saudi Arabia⁴.

The public authority of Saudi Arabia is unequivocally centered around further developing its health care framework and has hence presented the association of private undertakings in the health care industry. In any case, it is essential to take note of that the MOH actually gives the preventive, remedial, and rehabilitative health care for Saudi Arabia. As of now, the Ministry of Health is a significant financier and supplier of government based health care administrations in the country with roughly 244 clinics, which envelops 33277 beds and 2037 essential health care (PHC) focuses making it 60% of generally speaking health administrations in Saudi Arabia. Aside from the MOH, other government bodies incorporate arrangement emergency clinics, for example, the "Ruler Faisal Specialist Hospital and Research focus", "Security Forces Medical Services", "Armed force Forces Medical Services", "Public Guard Health Affairs", "Service of Higher Education clinics" that are essentially showing clinics, Saudi ARAMCO Hospitals, Royal Commission for Jubail and Yanbu health administrations, school health units of Ministry of Education and the Red Crescent Society. Aside from the reference medical clinics, the Red Crescent Society and the showing emergency clinics all of the previously mentioned organizations offer types of assistance to a characterized populace which for the most part envelop laborers as well as their dependents. At the hour of emergency and rises, every one of the offices team up and offer types of assistance to all occupants. The health care approach is very cooperative in any event, for a non-industrial nation^{4,5}.

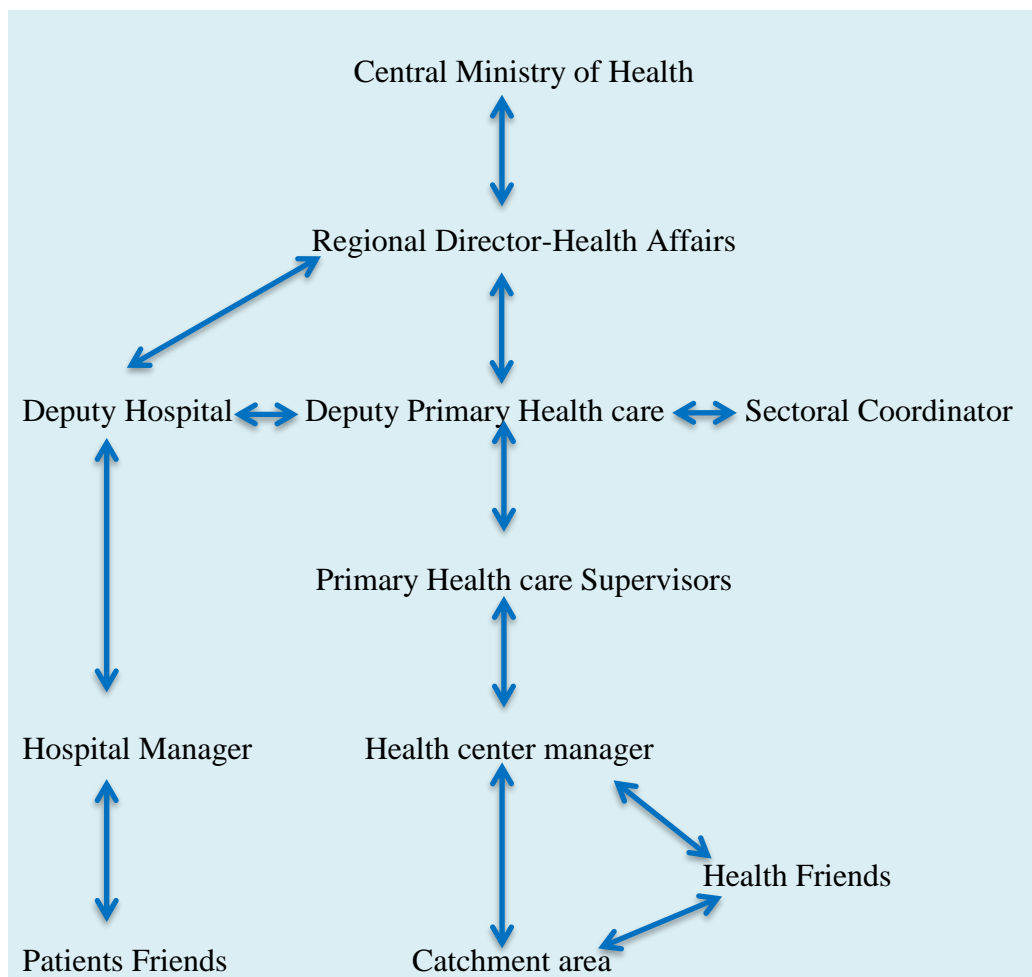


Figure 1. Design of health care system in Saudi Arabia.

Saudi Arabia Health Care System

The Saudi Arabia health care framework works intensely on an administration oversight and subsidized health care framework. As of now, the public authority reserves and deals with the health care framework. More private players ought to be urged to give assets and private health protection ought to be presented, remembering the drawn out need of general health financing. In the Saudi Arabia health care framework, there is additionally an absence of union because of the

underutilization of innovation which brings about wastage of assets and results in mistakes. The public authority should carry out successful mechanical arrangement to build the proficiency of the health care framework.

Saudi Arabia, like other agricultural nations, has embraced a course of decentralization in rebuilding health care administrations. The health care framework in Saudi Arabia is coordinated into three levels: public, common and neighborhood government. Audited writing on the advantages and difficulties of decentralization, particularly in the health area, shows irresolute discoveries. A few examinations uncovered that decentralization has created positive outcomes in non-industrial nations. In these occurrences, decentralization reinforced the limit of nearby organizations to haggle with focal government structures for expanded asset distribution to recently disregarded gatherings. Nonetheless, different creators accept that decentralization has heightened issues of divergence in weak populaces, prompting low quality health care conveyance. As indicated by Surender (2014:18), isolating approach determinants from strategy implementers in Saudi Arabia has prompted an emergency in health conveyance. Strategy implementers neglected to confine health assets at commonplace level, which has prompted health reserves being re-coordinated to other spending in light of political needs^{6,7}.

Objectives

- 1) To recognize the healthcare strategies embraced by healthcare specialist co-ops in Saudi Arabia.
- 2) To measure the effect of healthcare strategies on nature of healthcare administrations of healthcare specialist co-ops in Saudi Arabia.

Programmes developed to evaluate healthcare delivery

Different methodologies have been created in Saudi Arabia to screen quality health care conveyance. One outstanding methodology has been the advancement of certification as started by Dr. Whittaker in the pilot Accreditation Program for Saudi Arabia sent off in 1994 at the University of Stellenbosch. This exploration project uncovered that numerous foundations didn't conform to least norms, calling for new accentuation on consistent quality improvement. This prompted the foundation of the Council for Health Service Accreditation of Saudi Arabia (COHSASA) in October 1995, working as a free, non-benefit organization. COHSASA is coordinated as a public agreeable exertion including customers, state and private organizations and health care suppliers and is the main body executing license in Saudi Arabia^{7,8}.

Public Health Management the Saudi Arabian

The World Health Organization (WHO) characterizes mass social occasions as "occasions went to by an adequate number of individuals to strain the preparation and reaction assets of a local area, state or country". To the degree conceivable, anticipating these occasions ought to be led midway, by both the health and non-health areas, and should start well ahead of time. Mass social events can have great and terrible long haul consequences for the health areas of host nations. They offer an amazing chance to further develop health administration conveyance, upgrade health advancement and fortify public health systems,³ however they can likewise overpower health administrations. As the biggest yearly mass social affair on the planet, the hajj or journey to Mecca overburdens Saudi Arabia's health framework since 2 to 3 million Muslim travelers from in excess of 180 nations meet on the country's holiest locales. During the 2013 hajj season, 12,05,880 pioneers visited clinics and health focuses in the nation and 4015 were conceded to specific units. In the heavenly destinations, 25 emergency clinics gave an aggregate of 5250 beds for intense consideration patients and in excess of 22, 500 health experts and health service staff were working during the whole three weeks of hajj. Likewise, 459 cardiovascular catheterizations, 22 open heart medical procedures, 106 endoscopies and 1624 haemodialyses were performed^{8,9}.

Mishaps, for example, pound wounds and cardiovascular occasions have generally been the most well-known reasons for grimness and mortality coming about because of mass gatherings.⁵ However,

globalization and travel have led to bigger, more successive cross-line mass occasions that work with the spread of transmittable illnesses, especially arising irresistible diseases.⁶ Fortunately, this spread can be controlled through viable carefulness and arranging. For instance, during the 2009 pandemic, powerful observation and viable irresistible infectious prevention strategies kept A (H1N1) pdm09 from spreading generally during hajj.⁷ More as of late, Saudi Arabia revealed the biggest number of affirmed instances of contamination with Middle East respiratory condition Covid (MERS-CoV) and has teamed up with different nations to distinguish the wellsprings of disease and transmission and make a proper move. Moreover, the nation has taken on an observation framework and system to forestall viral transmission among pioneers. Outstandingly, aside from one late unsubstantiated case, no different instances of MERS-CoV disease were accounted for in the 6.5 million travelers who participated in the hajj in 2012 and 2013. Among travelers getting back, an absence of satisfactory reconnaissance frameworks in asset restricted nations can make it difficult to distinguish microbes with long hatching periods, like MERS-CoV. Expanding on many years of involvement, in October 2010 the Saudi Arabian health service laid out the Global Center for Mass Gathering Medicine, consequently embraced by health priests of the League of Arab States. WHO's Executive Board before long commanded a technique for mass social affairs and laid out a structure to address the health challenges these involve^{9,11,12}.

Saudi Arabia assumes a significant key part inside the Middle East and a remote place as a result of its geological area, and being the host of one of the biggest yearly strict mass get-togethers on the planet "The Hajj". During the new Covid pandemic, the Kingdom of Saudi Arabia (KSA) fostered a multisectoral plan that took on numerous actions to restrict the spread of Covid-19 transmission both locally and universally. In this article, we survey all public health related strategy choices from the Saudi Ministry of Health, other government offices, and the private area that added to restricting the serious outcomes from Covid-19. Ten successful strategies are illustrated and the difficulties connected with their execution are investigated.

The strategies include:

- 1) Quarantine And Travel Limitation,
- 2) Extension Of Serological Screening,
- 3) Veil Wearing (Covering The Face And Nose) And Social Removing,
- 4) Readiness Of Clinics To Manage The Deluge Of Covid Cases,
- 5) Utilization Of Man-Made Consciousness,
- 6) Public Affirmation,
- 7) Removal Of Ghetto Regions And Once Again Lodging Of Its Occupants,
- 8) Undoing Of The Hajj Season,
- 9) Monetary Boost Bundles To Shield The Economy, And
- 10) Fair And Need Driven Antibody Circulation.

Research Methodology

This examination work connects with the ID of health care strategies and investigation of the issues in the point and goals of the review has been reached by the method for both Primary data as well as Secondary data. Primary data has been gathered through survey. Two arrangements of survey produced for the review. One survey intended for emergency clinics to distinguish and assess healthcare technique utilized by health frameworks in the province of Saudi Arabia. The rundown of respondents included Hospital administrators/In-Charge, Medical specialists, Head of Departments, Para-doctor In-Charge and Other Professionals.

The second survey intended to evaluate the nature of health administrations gave to patients by public and private emergency clinics in the state. The focal point of the review has been reached through secondary data which includes examination of existing data and writing accessible with the public authority and non-government foundations, newspapers, Governmental as well as non-administrative publications, reports, destinations and so on.

Result

The health care framework through the public authority bodies controls around 39 medical clinics with a convenience of 19 beds altogether. The commitment of the private area is broad in urban communities and enormous towns with an aggregate of 90 emergency clinics that prompts 25 beds and 22 dispensaries as displayed in the Figure 2, The nature of health care administrations in Saudi Arabia have worked on essentially because of headway in the field, improvement in instruction, individuals health mindfulness and better life conditions. In any case, disregarding this large number of headways, the health care framework actually encounters specific difficulties as far as absence of coordination and union among the different health undertakings. These difficulties frequently lead to wastage of assets and duplication of data and exertion. Most of the Saudi Arabia health care framework is broadly government based.

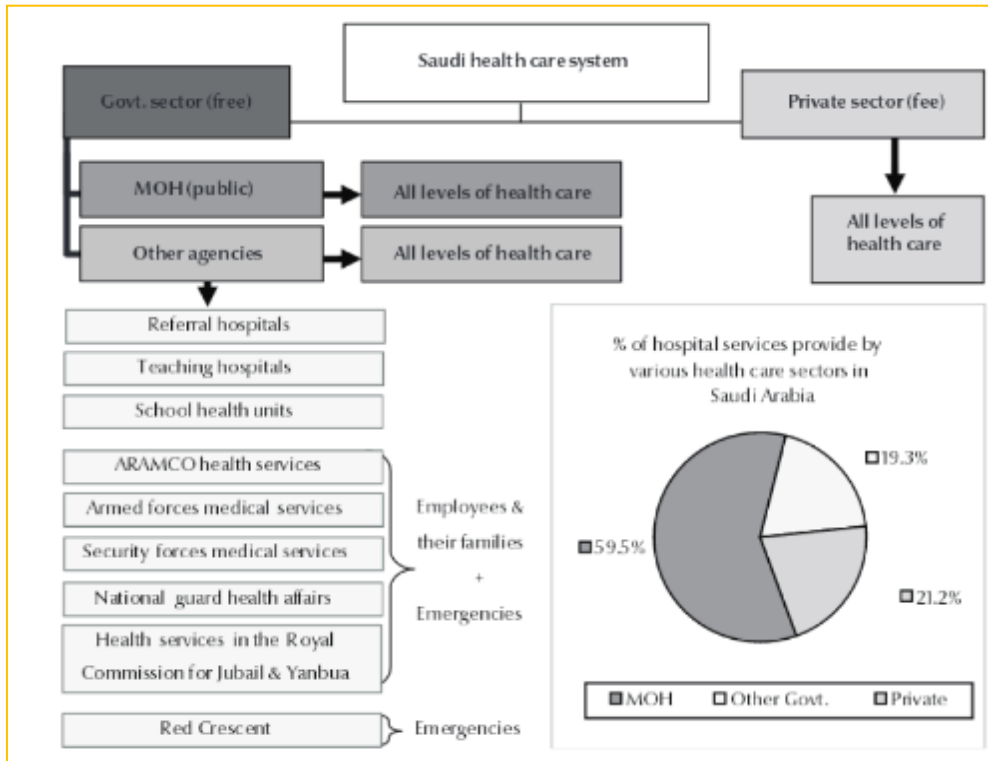


Figure 2. Saudi health care system design and functioning.

Sorts of Hospital

Data assembled through survey (Appendix-II) is from the sources where medical administrations are given to the clients. These medical specialist organizations are classified into four kinds specifically: private emergency clinic, public emergency clinics, private facilities and others. Public medical clinics are the one which are constrained by the public authority backing and assets. Every single viewpoint from enlistment of health labor force, actual foundation, interview charges, buying of clinical devices and types of gear, medications, the whole functional and utilitarian cycle is dealt with by the public authority itself. Public Hospitals incorporate administrations like out-patients and in-Patient administrations, activity theaters, ICU, neurotic and radiological offices, multi-specialty administrations with 24 hours crisis administrations and furthermore incorporate local area healthcare laborers as partners for example area clinics like Doon Male and Female Hospital, Community Health Centers, Primary Health Centers and MOH Private medical clinics are the one which are controlled by private specialists, organizations and trusts likewise incorporate multispecialty clinics which are possessed and constrained by an individual or many individuals who are running and dealing with the total assets all alone. Just the asset as well as even the total functional interaction, oversight, work force. These are under the management of a private body. They likewise render administrations like out-patients and in-Patient administrations, ICU, activity theaters, neurotic and radiological offices, multi-expert administrations with 24 hours crisis

administrations. A few instances of private emergency clinics incorporate reference Hospital, showing Hospital, Combined Medical Institute, Swami Himalaya Hospital and so forth.

Conclusion

The public authority of Saudi Arabia exhibited liability at the most significant level to focus on the wellbeing and prosperity of its residents and inhabitants. Quick early reaction to the pandemic admonitions, broad involvement with past scourges and in mass get-together medication, shrewd management of healthcare assets, and uncommon harmonization of administrative and private areas were critical elements for this achievement. Saudi Arabia assumes a significant vital part inside the Middle East and far off as a result of its topographical area, and being the host of one of the biggest yearly strict mass social occasions on the planet "The Hajj". The Saudi Arabian government gives free admittance to various health care administrations to all local area individuals and furthermore to the migrants working in the country.

Conflicts of interest

There is no conflict of interest of any kind.

References

1. Tiberi S, Petersen E, Maeurer M, Ntoumi F, Yeboa-Manu D, Mwaba P, Vilaplana C, Dar O, Bates M, Corrah T, Rao M. Taking forward the stop TB partnership and world health organization joint theme for world TB day march 24th 2018—"wanted: leaders for a TB-free world. You can make history. End TB". *Int J Infect Dis.* 2018;68:122-4.
2. Jurado LF, Pinzón B, Zandra R, Matijasevic E, del Pilar López-Panqueva R. Peritoneal tuberculosis in a health-care worker, radio-pathological assessment and diagnosis, a case report. *Radiol Infect Dis.* 2019;6(4):163-9.
3. Smith I. *Mycobacterium tuberculosis* pathogenesis and molecular determinants of virulence. *Clin Microbiol Rev.* 2003;16(3):463-96.
4. Keane J, Balcewicz-Sablinska MK, Remold HG, Chupp GL, Meek BB, Fenton MJ, Kornfeld H. Infection by *Mycobacterium tuberculosis* promotes human alveolar macrophage apoptosis. *Infect Immun.* 1997;65(1):298-304.
5. Geleso MG. Modeling the survival of tuberculosis patients in eastern zone of Tigray regional state. *Risk Manag Health Policy.* 2020;13:473-481.
6. Alotaibi B, Yassin Y, Mushi A, Maashi F, Thomas A, Mohamed G, Hassan A, Yezli S. Tuberculosis knowledge, attitude and practice among healthcare workers during the 2016 Hajj. *PLoS One.* 2019;14(1):e0210913.
7. Blanc PD, Annesi-Maesano I, Balmes JR, Cummings KJ, Fishwick D, Miedinger D, Murgia N, Naidoo RN, Reynolds CJ, Sigsgaard T, Torén K. The occupational burden of nonmalignant respiratory diseases. An official American Thoracic Society and European Respiratory Society statement. *Am J Resp Crit Care Med.* 2019;199(11):1312-34.
8. Chauhan K, Pandey A, Thakuria B. Hand hygiene: An educational intervention targeting grass root level. *J Infect Pub Health.* 2019;12(3):419-23.
9. Jiang J, Lucas H, Long Q, Xin Y, Xiang L, Tang S. The effect of an innovative financing and payment model for tuberculosis patients on health service utilization in China: Evidence from hubei province of China. *Int J Environ Res Public Health.* 2019;16(14):2494.
10. Mase SR, Samron R, Ashkin D, Castro KG, Ryan S, Seaworth B, Chen L, Lardizabal A, Tuckey D, Khan A, Posey DL. Tuberculosis Regional Training and Medical Consultation Centers in the United States: characteristics, outcomes, and quality of medical consultations, June 1, 2010—May 31, 2014. *J Clin Tubercul Mycobact Dis.* 2019;17:100114.

11. Ali AH, Omer AA, Saeed NS, Mansour EE, Elhassan MM. Assessment of Different Risk Factors Affecting Pulmonary Tuberculosis among Sudanese Patients. IOSR J Dent Med Sci. 2018;17:86-8.
12. Communicable disease alert and response for mass gatherings. Geneva: World Health Organization; 2008 (WHO/CDS/EPR). Available from: http://www.who.int/csr/Mass_gatherings2.pdf [accessed 1 November 2013]

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