

Implementing Accreditation in a Developing Country

Issues, Challenges and Lessons

ISQua 2003

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Objectives of Workshop

- Describe the experiences of developing an accreditation system in 3 countries to identify challenges and lessons
- Discuss cutting edge topics related to establishing an accreditation system
- Stimulate a list of considerations and recommendations for successful implementation of accreditation in a developing country context

Agenda for Workshop

- Introduction and Framing the Issues –
Diana Silimperi
- 3 country experiences
 - Zambia: Anne Rooney
 - South Africa: Andrew Corbett Nolan
 - Thailand: Anuwat Supachutikul
- Case study in small groups
- Group reports and summary discussion

What is Accreditation?

- Accreditation is a regulatory approach to health care quality improvement (often non-governmental).
- Accreditation is a voluntary and non-for-profit peer-to-peer review on a non-punitive basis.
- Accreditation is based on a continuous and self-sustaining cycle of standards development, health facility auditing, and training and education for improvement.

Needs Addressed by Accreditation

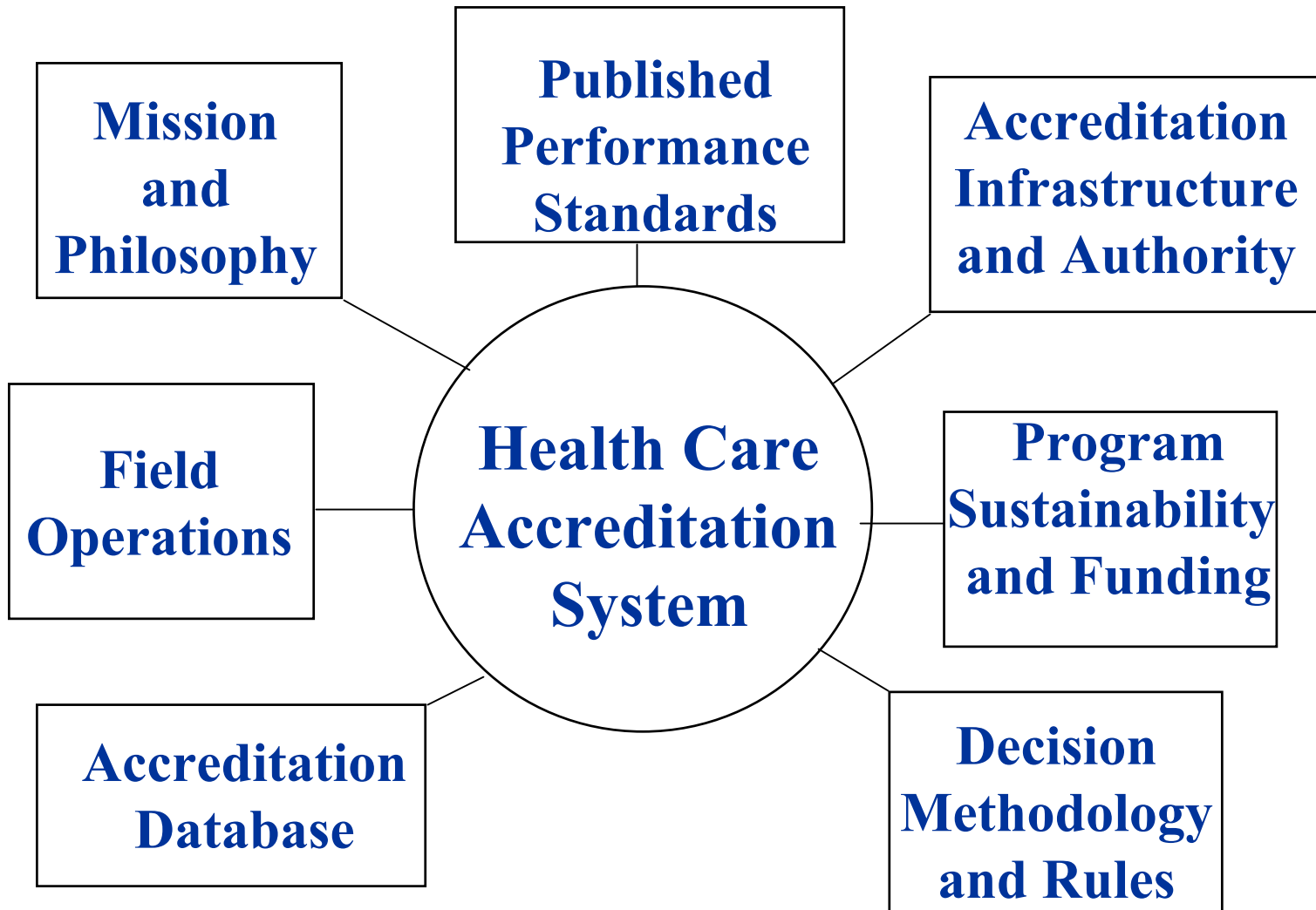
- Maintain or improve quality
- Ensure public safety
- Establish entry level requirements
- Monitoring new settings
- Address national public health issues
- Recognize benchmark practices

Common Core of Accreditation Around the World

- Recognized body
 - Establishes and publishes standards
 - Conducts objective on-site evaluations
 - Publishes decision
- Professional involvement
 - Consensus on standards
 - Evaluators
- Focus on continuous improvement

Philosophy of Accreditation: Country-Specific Dimensions

- Voluntary----- Mandatory
- Non Governmental----- Governmental
- Optimal requirements----- Basic
- Outcome oriented----- System/Process
- Improvement----- Punishment
- Innovation----- Conformance
- Public release----- Confidential



Start-up Issues

- Oversight authority – govt vs private
- Selection of priority health areas
- Long-term funding and sustainability
- Role of professionals
- Involvement of community/consumer
- Effective use of self-assessment
- Role of indicator monitoring
- “Phased in” accreditation
- Role and benefit of “focused” accreditation
- “Readiness” for accreditation

The Zambian Accreditation Experience – Anne Rooney

- **Zambia is a sub-Saharan country of 9 million people**
- **Major health concerns:**
 - **HIV/AIDS**
 - **Infant and maternal mortality**
 - **Malaria, TB, and other infectious diseases**
- **Initial development began in 1997 in response to concerns about the quality of hospital care**
- **Early champion was Minister of Health**

The Zambian Accreditation Experience

- **Development of the new hospital accreditation program funded by the USAID Quality Assurance Project**
- **Situational Analysis conducted and identified gap as far as standards and evaluation of 80 public hospitals**
- **Where standards existed, they were not routinely evaluated or enforced**

The Zambian Accreditation Experience

- **Formation of a stakeholder advisory committee**
 - **Multidisciplinary**
 - **Included representation from the Medical Council and the Nursing Council (already had some regulatory authority)**
 - **Assisted in the development of the standards and survey process**
 - **Provided the foundation for the establishment of the Zambia Health Accreditation Council**

ZHAC Vision Statement

- **The vision of the Zambia Health Accreditation Council is to steadily improve the quality of health services delivered by health facilities in both the public and private sectors in order to improve the health status of Zambians**



The Zambian Accreditation Experience: Milestones

- **Standards development process, involving professionals and the public**
- **Field review of standards for comments**
- **Pilot testing of the standards and survey process at 8 hospitals**
- **Revision of standards and survey process based on pilot tests**
- **Initial training of first group of 12 surveyors**
- **Dissemination of standards to the field**

The Zambian Accreditation Experience: Milestones

- **Attempt to coordinate introduction of accreditation with a major QI initiative**
- **Accreditation decision rules needed to be objective and transparent**
- **Accreditation program policies (e.g. eligibility, scheduling)**
- **Development of accreditation database**
- **Challenge of funding and ongoing sustainability**

Zambia: Lessons Learned

- **Need for the establishment of a legal structure for the administrative oversight of program**
- **Commitment of key stakeholders essential**
- **Need incentives for hospitals to achieve standards**
- **Education, technical assistance, and feedback to hospitals**
- **Surveyor management and ongoing skills development**
- **Ongoing leadership support within MOH**
- **Improvements made and impact of standards**



Cohsasa

**Structure, Standards,
Sustainability**

Start-up decisions and first steps

COHSASA evolved from a research and development project called the “Pilot Accreditation Programme for Hospitals” carried out between 1993 to 1995 at the Medical Faculty of the University of Stellenbosch near Cape Town, South Africa.

In 1994, the Department of Health notified the University that it would be withdrawing financial support for the pilot at the end of 1995. In July 1995, the University decided that it could not support the continued development of the programme.

In view of the successes of pilot programme and not wishing to see its demise, it was registered as COHSASA, a not-for-profit company in September 1995.

The University of Stellenbosch transferred the programme in its entirety to COHSASA including the literary work entitled “A Standard Assessment Manual for Hospitals” and a computer program, as well as all intellectual property rights.

Eight years later, COHSASA has worked in a range of over 347 healthcare facilities – in both private and public sectors - in Southern Africa.

Oversight and Authority

The Technical Committee and the COHSASA Board are the two bodies entrusted with oversight and authority.

COHSASA's technical committee, composed of leading health professionals from academic institutions, professional associations, local, provincial and national health authorities and the private health sector makes decisions concerning the accreditation status of a hospital based on the results of a peer-reviewed external survey.

The COHSASA Board, which takes decisions on governance, policy and strategy, is composed of leading representatives from all sectors of South Africa's health industry including professional bodies who have subscribed to COHSASA's standards, consumer bodies, health funders and medical aids and senior officials in provincial and national health.

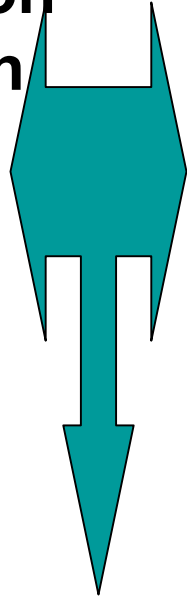
The COHSASA Board, consisting of 14 members, ratifies decisions made by the technical committee regarding the status of accredited hospitals.

Development process for standards

**Follow on from 5th edition
COHSASA Accreditation
Standards**

**Include input from local
and international health
professionals**

**Include input from
participating
hospitals**



**Meet ALPHA principles and
have been recognised as
such by the International
Accreditation Federation of
ISQua**

Involvement of professionals in standards development and accreditation process

- 1. Consult body of professional literature pertaining to the field of standards development.**
- 2. Input from professional field staff involved in accreditation.**
- 3. New standards are reviewed by relevant professional bodies i.e. anaesthetics, internal medicine, surgery etc.**
- 4. Once standards have been accepted they are piloted in healthcare facilities and professionals in these institutions are invited to comment on the standards.**
- 5. After piloting and professional feedback, standards are published and if necessary re-submitted to professional bodies.**
- 6. There is an annual standards workshop for professional staff working with the standards to suggest improvements and debate such suggested improvements.**
- 7. Professionals are represented on both technical committee and the COHSASA Board which make decisions on accreditation status.**

Role of community members

- 1. COHSASA standards require that community members:**
 - Are encouraged to participate in care decisions;**
 - Report back on perceived quality of care by means of suggestion boxes and patient surveys.**
- 2. Where members of the community are on the hospital board, they are encouraged to provide information to hospital management for improvement of services.**
- 3. Community leaders serve as a conduit for the dissemination of information to community members.**
- 4. Some community members become involved in supervising the DOTS system of medication administration to patients with tuberculosis.**

Role of self-assessment, QI

- **Self-assessment by healthcare facility staff has sometimes proved to be inaccurate or over-scored. This is attributed to both a lack of understanding of the requirements of the standards, as well as a reluctance to admit non-compliance and receive a low score.**
- **Current procedure involves a baseline assessment by COHSASA surveyors together with healthcare facility staff. This process trains hospital/clinic staff about standards requirements and enables them to assess themselves more accurately in the future.**
- **Ongoing progress assessments, including interviews with staff and evaluation against the standards, enhance the ability of healthcare facilities staff to self-assess against standards.**
- **QI methodology involves Continuous Quality Improvement (CQI) using a multi-disciplinary approach.**

Objectivity/transparency in decision-making process

- 1. Compliance with standards in the COHSASA programme is gauged according to measurable elements and not dependent on subjective evaluation. All decisions regarding accreditation are based on whether a facility reaches at least 80 out of a possible 100 score. In practice, a facility usually has to achieve an average of 93.3 to be accredited.**
- 2. Failure to meet certain criteria that are incompatible with accreditation automatically disqualifies any institution from achieving accreditation.**
- 3. The technical committee makes its recommendation about facilities' status known to them. The healthcare facilities may read and comment on the Accreditation Report before it goes to the COHSASA board for final ratification.**
- 4. Healthcare facilities may lodge formal appeals against the Board's decisions and COHSASA has policies and procedures to govern such appeal processes.**
- 5. The accreditation status of clients in the COHSASA programme are made known to all stakeholders and the public via its website and newsletter – including hospitals that have not fared well in the programme.**

Sustainability and Funding

- 1. COHSASA receives no grants or funds from donor bodies or government: it is funded by fees for service from hospitals and other healthcare facilities entering the programme.**
- 2. Sustainability is ensured through meeting customers needs by:**
 - Constant evaluation of COHSASA's performance**
 - Developing intimate customer relationships – regular meetings with the top decision-maker in any client organisation or body to ascertain customer needs.**

Biggest challenges and how they were addressed

The Council for Health Service Accreditation of Southern Africa's (COHSASA's) vision since 1994 : To enable all South Africans to receive equitable and quality health care as specified in South Africa's Constitution.

One of the biggest challenges in starting up accreditation was that many hospitals had – and still have – limited resource bases: they have poor infrastructure, management and administration, uncertain performance of personnel and poorly maintained medical equipment.

Early in the programme it was found that both the public sector hospitals (good and compromised) and private hospital sector had difficulty in implementing the standards because there was little experience in:

- meeting comprehensive standards**
- working as an integrated multidisciplinary unit**

COHSASA adopted two strategies to lessen these historical effects:

- The introduction of a facilitated accreditation programme**
- Recognising levels of achievement through certification, the Graded Recognition Programme.**

Implementing Accreditation in Thailand

Anuwat Supachutikul, MD

Institute of Hospital Quality Improvement & Accreditation

Continuum of Experience

CHIA

HA



National Forum **1** **2**

3 **4**
Simplicity Patient Safety

Under Health Systems Research Institute

HA Project (R&D)

Standard Implementation
& Compliance Assessment

Standard

Review Concept & Requirement
(US, Canada, Australia, UK)
Seek Opinion from Stakeholders (Delphi)

**Hosp. Assess
(SSO)**

Assessment Experience

TQM/CQI

Improvement Tools

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Start Accreditation as R & D

Voluntary Process

Educational Process, Not Inspection

Encourage Civil Society Movement

Self Reliance, Independence, Neutral

Emphasis Self Assessment & Improvement

HA Project

Pilot Hospitals

Organization Alignment
Multidisciplinary Team
Med Staff Org
Clinical Quality
Risk Management
Self Assessment
Internal Survey

Initiatives

Workshops

Consultants

Adapt

Seek more information

Creativity

Trial



Learn

Knowledge

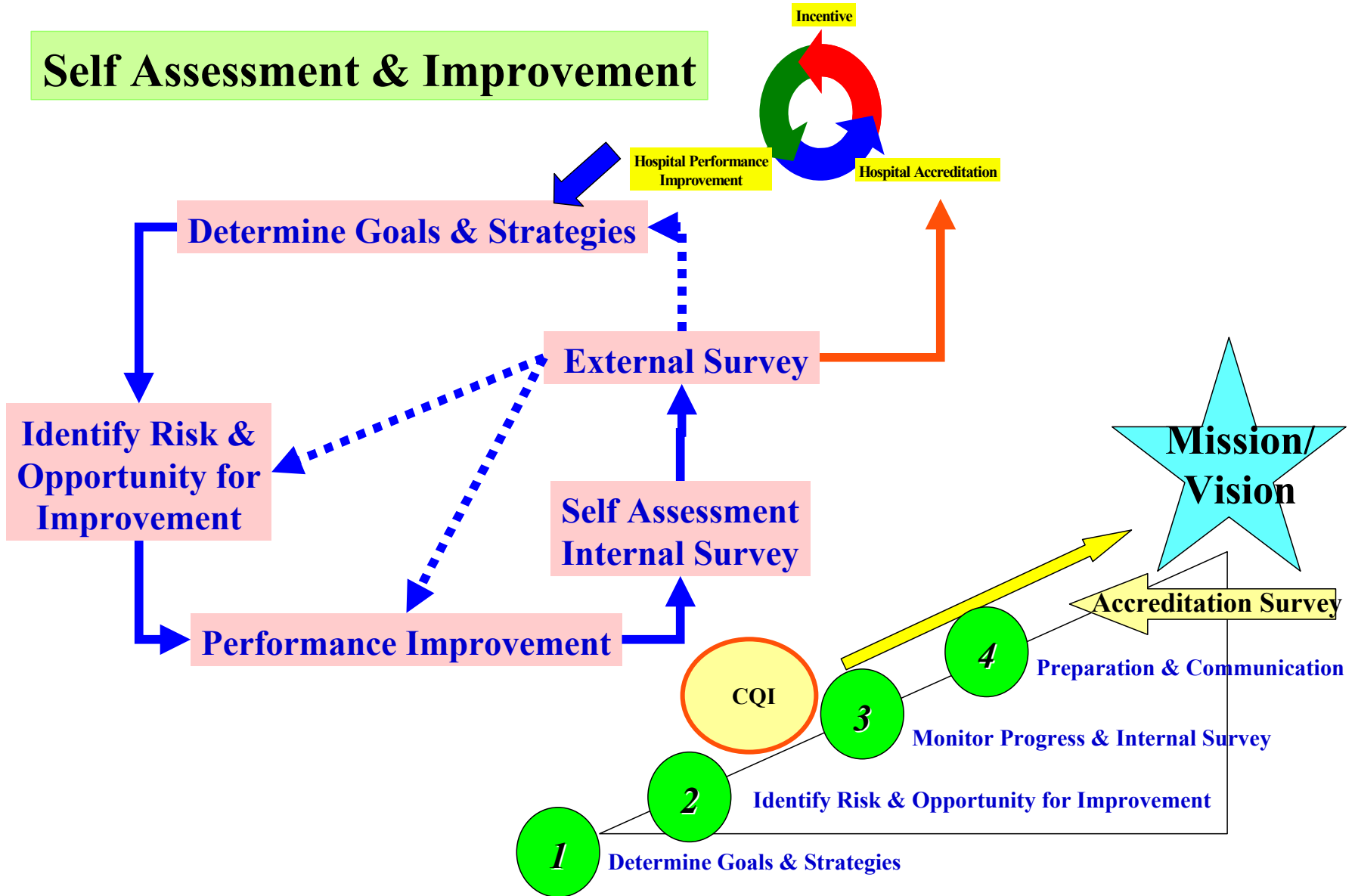
Solutions

Questions

5 Questions for Self Assessment at 3 Levels

	Hospital Level 	Unit Level 	Individual Level
Why do we exist?	Mission	Purpose of Unit	Aim of Life
What do we do?	Key Systems	Key Processes	Key Activities
Why?	Purpose of Key Systems	Purpose of Key Processes	Purpose of Key Activities
How well?	SWOT analysis	Indicator	Achievement Opportunity
How can we improve?	Strategic Plan	Performance Improvement Plan	Individual Improvement

Self Assessment & Improvement



QI need to be Simple

- QI need to be simple at the beginning
 - Start from every members, self audit & improve
 - Start with creativity, data & statistic come later
 - Teamwork without meeting
 - Improvement in daily work
 - Bed side improvement
 - Several linked cycle
- QI need to be purpose oriented
- Clinical QI need to be started as soon as possible

Involvement of Professionals

- Standard development
 - Some profession involved (anes, lab, nurse, rehab, x-ray)
 - Beware of professional interest
- Acceptance of professionals
 - Multidisc. team -> recognition on value of other professions, better coordination, MD will join last but yield a lot
 - Better compliance of professional standard
- Field work
 - Consultation and recommendation by professional organization (lab, pharmacy)

Management Issues

- Decision Making
 - Transparency of decision: surveyor, Acc. Com, Board
 - Scoring guideline and minimal passing criteria
 - Avoid pass/fail decision, ensure public confidence by a focused survey or conditioned accreditation
- Sustainability and Funding
 - Strategic expansion
 - Stepwise QI & recognition:
 - Risk -> QA/CQI -> Culture & Integration
 - Create value to hospital, make it simple and achievable
 - Requirement of the third party payers
 - Funding from fees and contract with government

Challenges

- Resistance to change, change management
- Integration with other initiatives, policy support
- High & extreme expectation from different stakeholders
- Adequacy of qualified consultants/surveyors
- Funding
- Rapid change of health care system & financing
- Internal factors: leadership, conflict, workload, MD participation, capable facilitator

Recommendations for Starting an Accreditation Program

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Recommendations

- All 7 components of an accrediting program need to be strategically examined, planned
- Be clear about Governance of the accrediting body – role, responsibilities well defined, supported by policy (whether public or private)
- A viable plan for funding, financial sustainability must be developed from the very beginning
- The accrediting body and process must have credibility and transparency
- Surveyors must have professional credibility

Recommendations cont

- Facilitated accreditation – including capacity building and QI technical support should be seriously considered when such capability is lacking at organizational level
- Examine the role of Graded Accreditation – which offers encouragement during improvement process, especially when gap between current practice and standard is large
- Develop exchanges with more developed accrediting programs
- Advocate for national health plan or policy to include role of accreditation