

An introduction to ISQua EEA and its role in International Hospital Accreditation

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International Society
for Quality in Health Care
External Evaluation Association



ISOua External Evaluation Association

International Accreditation Programme (IAP)





ISQua External Evaluation Association

ISQua's Vision

*to transform health care quality and safety
through global communities.*

Mission

*to inspire and empower people to advocate
for and facilitate improvements in the
quality and safety of healthcare worldwide.*

*Enabling a global community to transform healthcare through External
Evaluation, Knowledge, Network and Voice.*



The International Society for Quality in Health Care External Evaluation Association (IEEA) was established, as a separate legal entity, by the International Society for Quality in Health Care in 2018 to deliver external evaluation services.



Based in Geneva, Switzerland, the IEEA commenced operations on 1st January 2019.

The IEEA provides third-party external evaluation services to health and social care external evaluation organisations and standards developing bodies around the globe.

The IEEA's
primary
programme is
the International
Accreditation
Programme
(IAP)

The International Accreditation Programme (IAP) delivers a unique global accreditation service to health and social care external evaluation organisations and standards developing bodies.

Since 1999, the IAP has provided accreditation bodies with an independent third-party assessment process to validate existing systems and drive continuous quality improvement.

The IAP enables organisations to demonstrate their credibility and benchmark their performance on an international level.



IAP Programmes

OPERATING IN OVER 60
COUNTRIES, THE IAP OFFERS
THREE SEPARATE PEER
REVIEW ASSESSMENT OPTIONS

Our
continuous
accreditation
process
encourages
growth and
development



External Evaluation Award Committee

The EEA Committee are responsible for ratifying the accreditation of the IEAA Awards, on behalf of the IEAA Board.

The Committee is comprised of the following members:

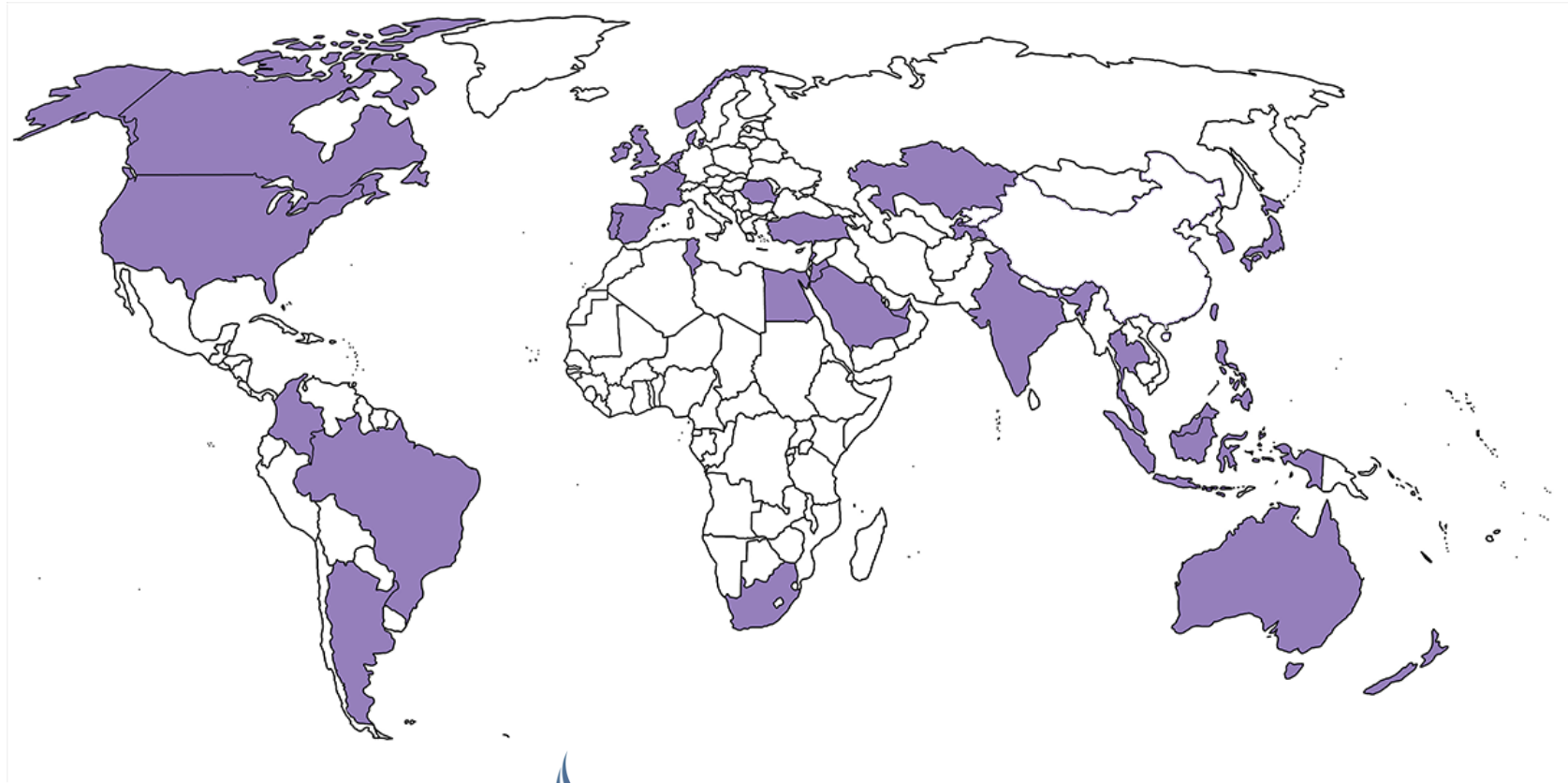
- Clifford Hughes, Australia (Chair)
- Bhupendra Kumar Rana, India
- Carsten Engel, Denmark
- Stephen Clark, Australia
- Yuichi Imanaka, Japan

Current Awards

Accreditation is granted for four years.

Accredited organisations receive the final survey report, an ISQua Accreditation Certificate and the use of an 'IEEA Accredited' logo.

All IAP awards are acknowledged annually at ISQua's International Conference.



IEEA Accredited Bodies in the Middle East and North Africa



Saudi Central Board for Accreditation of Healthcare Institutions (Saudi Arabia) -
Accredited Organisation / Surveyor Training Programme / Standards



Health Care Accreditation Council (Jordan) -
Accredited Organisation / Surveyor Training Programme / Standards

IEEA Accredited Bodies in the Middle East and North Africa



Instance Nationale de l'Evaluation et de l'Accreditation en Santé (Tunisia) -
Accredited Surveyor Training Programme



Gates Group (Lebanon) –
Accredited Surveyor Training Programme



سلطة مدينة دبي الطبية
Dubai Healthcare City Authority
القطاع التنظيمي - Regulatory

Dubai Healthcare City Authority-Regulatory (United Arab Emirates) -
Accredited Standards

IEEA Accredited Bodies in the Middle East and North Africa



Turkish Health Care Quality and Accreditation Institute (Turkey) -
Accredited Surveyor Training Programme



Department of Productivity Quality and Accreditation in Health / MoH of Turkey
(Turkey) -
Accredited Standards

What is Accreditation?

ISQua's definition of Accreditation:

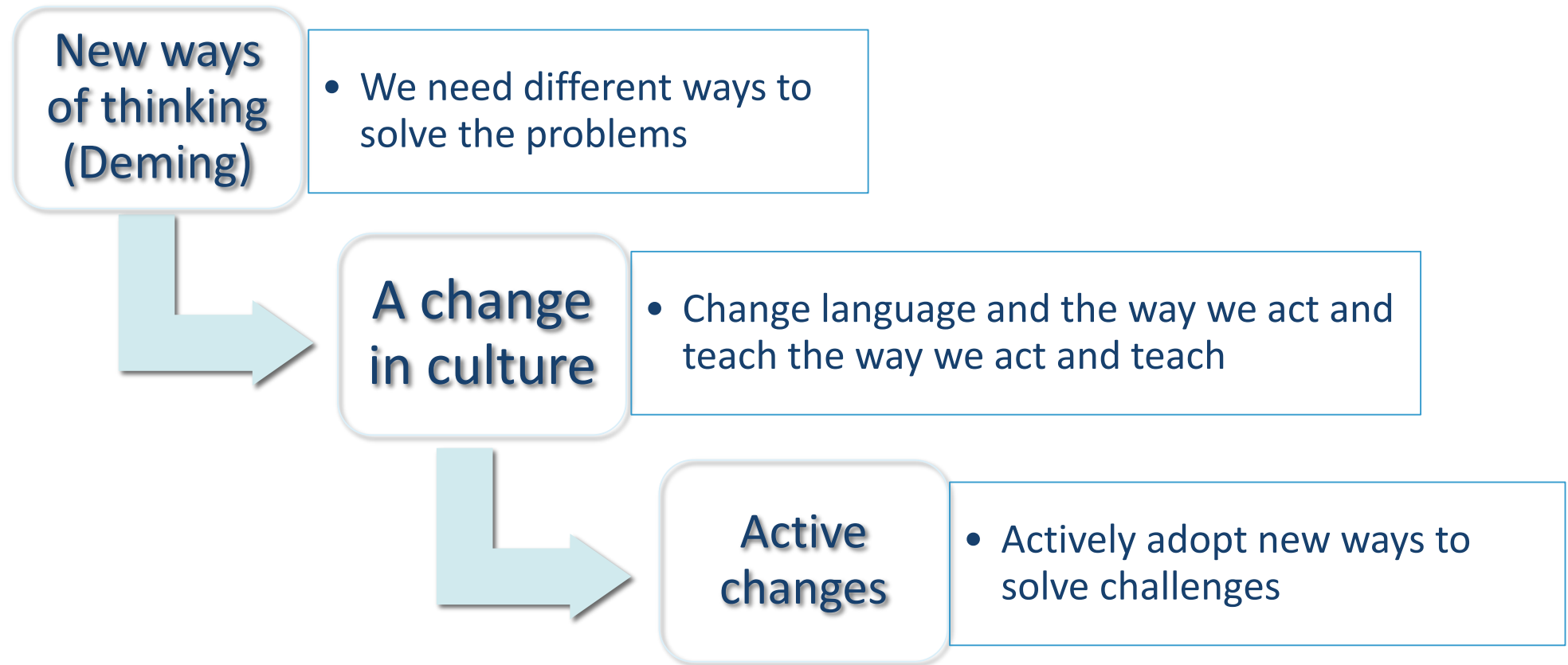
A self-assessment and external peer review process used by health and social care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health or social care system.

Framework for quality to support accreditation



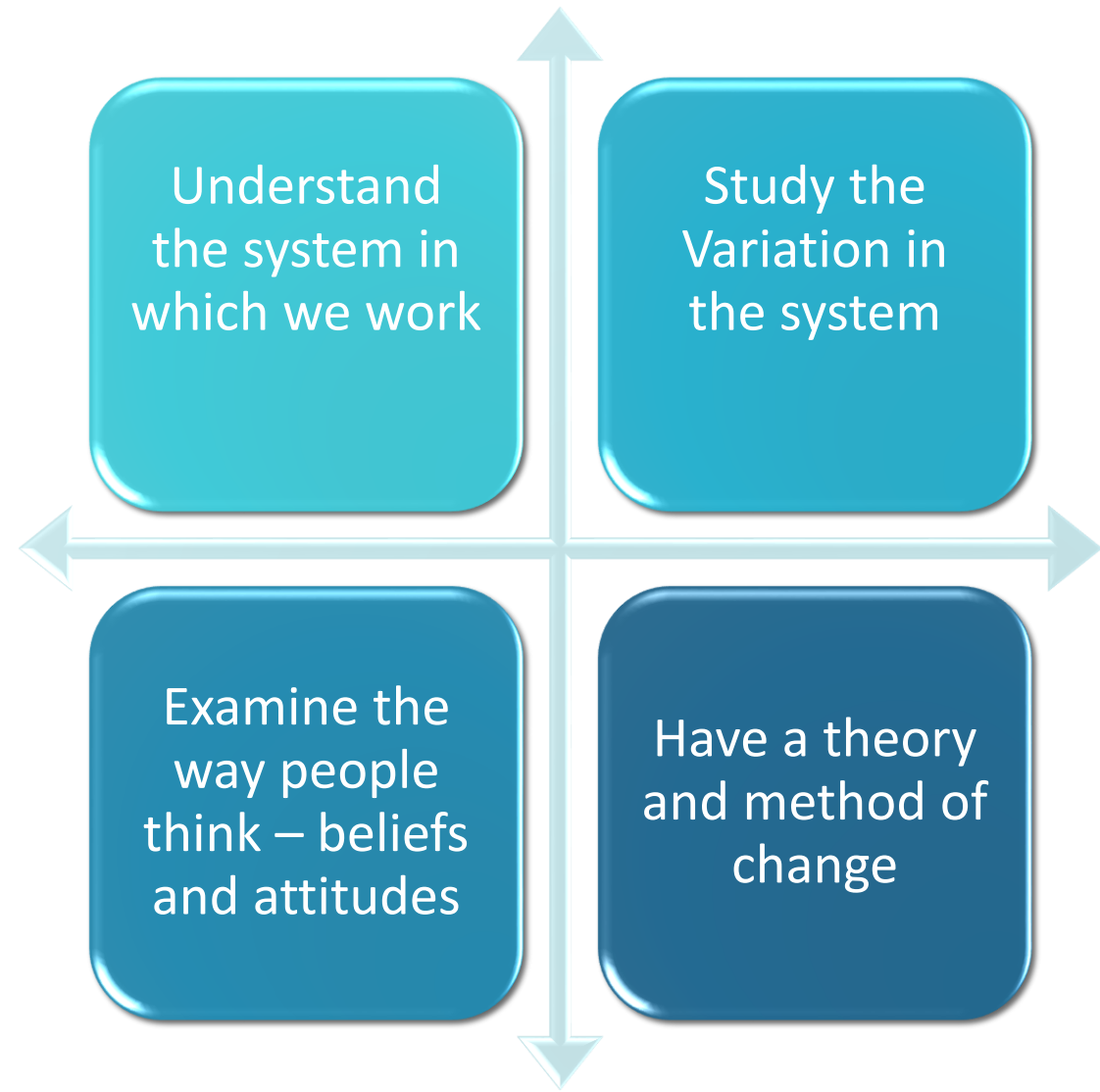
Based on Juran

Adopt a new approach

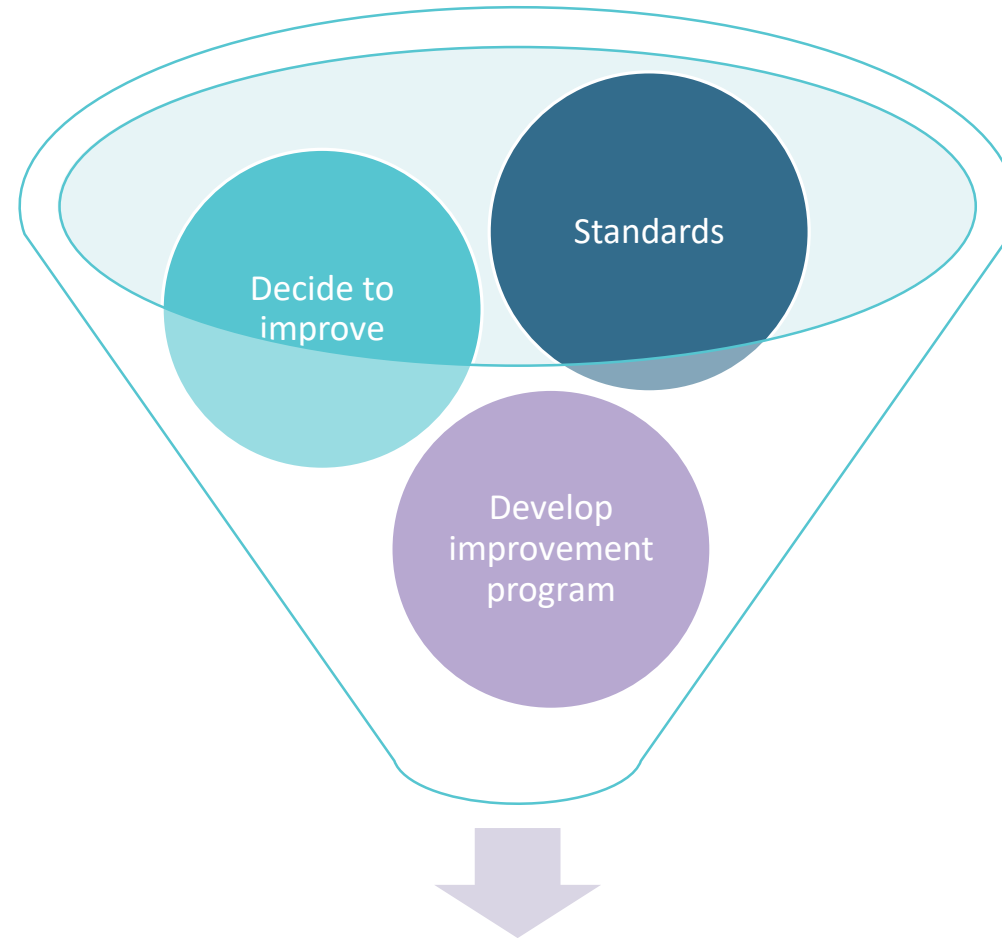


Slide concept based on IHI White Paper

System thinking



Based on Deming



Continual improvement

Criterion 5.3

The standards require staff to involve patients/service users in shared-decision making about their own care by:

- a) discussing their options for care and treatment
- b) identifying and respecting their preferences or choices

Guidance

Shared decision-making could include the discussion of benefits and risks and may involve the use of decision aids. Information could be available in different languages and formats to facilitate the shared decision-making process.

Choices could include the type of treatment, who they want involved in their care or service and end of life wishes.

Preferences may relate to

- i. how individuals are addressed
- ii. their care and treatment options
- iii. their personal effects
- iv. their clothing and self-care routines
- v. drinks and meals
- vi. activities, interests, privacy, visitors

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how each measurable element is met.

Criterion 6.1

CORE

The standards require organisations to collect information relating to the performance of the service.

Guidance

The information collected could include:

- I. complaints
- II. compliments and concerns
- III. audit information
- IV. findings from risk assessments
- v. patient/service user safety incidents including adverse events
- vi. patient/service user reported outcome measures
- vii. patient/service user satisfaction
- viii. staff satisfaction
- ix. other performance measures appropriate to the care or service delivered

Organisations may participate in national or regional programmes which require that defined performance measures are collected.

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how this criterion is met.

Criterion 5.5

The standards require that services educate and support patients/service users to maintain and improve their own health and wellbeing.

Guidance

This could include requirements relating to smoking cessation programmes, stress management advice, diet and exercise guidance and substance abuse management.

It is recognised that the requirements will vary depending on the scope of the standards.

This criterion would be not applicable for laboratory standards / standards with no direct patient/service user contact.

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how this criterion is met.

Criterion 5.10

CORE

The standards require that the assessments of patients/service users:

- a) involve relevant disciplines
- b) are performed by qualified individuals
- c) are completed and documented as required by organisation policy

Guidance

Assessments could relate to medical, physical, mental health and/or social care needs.
For laboratory standards, this could relate to the assessment of patient/service user samples.

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how each measurable element is met.

Criterion 5.11

CORE

The standards require that individual treatment or care plans are prepared and documented:

- a) based on the assessment of patient/service user needs, including the results of diagnostic tests where relevant
- b) using evidence-based care guidelines or pathways where appropriate
- c) involving the patient/service user
- d) including the goals or desired results of the treatment or care

Guidance

Families/carers are included in the development of the care plan when appropriate.

It is recognised that some care plans are based on national or regional pathways or guidelines and customisation may be limited.

This criterion would be not applicable for laboratory standards / standards with no direct patient/service user contact.

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how each measurable element is met.

Criterion 5.14

The standards require services to:

- a) have processes in place to receive feedback from patients/service users
- b) have processes in place to investigate and resolve patient/service user complaints within a defined timeframe
- c) make the complaints process publicly available

Guidance

It is recognised that standards relating to complaints will be based on national or regional legislation where available.

Feedback could include concerns, compliments and formal complaints.

Suggested Evidence

The self-assessment should include examples from the standards that demonstrate how each measurable element is met.

Issues with standards

Standards are ubiquitous within healthcare and are generally considered to be an important means by which to improve clinical practice and organisational performance.

However, there is a lack of robust empirical evidence examining the development, writing, implementation and impacts of healthcare accreditation standards.

The standard of healthcare accreditation standards: a review of empirical research underpinning their development and impact
Greenfield et al. BMC Health Services Research 2012, 12:329

Critical factors for success

Collaborative process

Valid and relevant standards

Favourably received by health professionals

Healthcare organisations are capable of the culture of continual improvement and embracing

Appropriately aligned with other regulatory initiatives and supported by relevant incentives.

Culture



Recent trends

Unannounced surveys

- no rigorous empirical evidence to support these surveys' presumed benefits

Patient satisfaction surveys as an integral part of the process

Mandatory accreditation in Canada and Australia

Leverage of accreditation

A variety of independent tools and methodologies can be used

- regulatory requirements
- quality improvement tools
- accreditation methodologies

Each alone will not achieve the tipping point in health care quality that is required

Accreditation can be the stimulus to align the improvement with outcomes

Reliability

A consistent survey outcome is likely to be reached when **reliability of process and consistent application of standards are pursued**

Researching the reliability of accreditation survey teams: lessons learnt when things went awry
David Greenfield, Marjorie Pawsey, Justine Naylor and Jeffrey Braithwaite
Health Information Management Journal Vol 42 no 1 2013



The evidence

The need for evidence

The challenge for accreditation agencies is to publish their research protocols and then their findings, both positive and negative, in the peer-reviewed literature.

When they do publish their results the agencies will be explicitly displaying leadership, transparency and evidence of improvement, the very qualities and conduct they require of the health organisations they accredit.

Developing the evidence base for accreditation of healthcare organisations: a call for transparency and innovation
David Greenfield, Jeffrey Braithwaite *Qual Saf Health Care* 2009;18:162–163.

Cochrane review

Paucity of high-quality controlled evaluations of the effectiveness and the cost-effectiveness of external inspection systems.

More studies required

Accreditation and ISO



Sept 2010

- Quality and safety structures and procedures are more evident in hospitals which are accredited or ISO certified
- Some differences exist between accredited versus certified hospitals

(Interpretation of these results is limited by sample size and variation)

Systematic reviews

Accreditation

- promotes change and professional development
- has an organizational financial impact
- improves measured quality performance
- With public disclosure of outcomes, increases the credibility of the hospital with the community
- Improves the process of care provided by healthcare services.
- Improves clinical outcomes of a wide spectrum of clinical conditions.
- Should be supported as a tool to improve the quality of healthcare services.

Greenfield and Braithwaite, 2008. Health Sector Accreditation Research: a systematic review Greenfield and Braithwaite.
Int. Journal for Qual. in Healthcare.

Impact of Accreditation on the Quality of Healthcare Services: a Systematic Review of the Literature
Abdullah Alkhenizan and Charles Shaw

Accreditation cannot simply be judged as a stand-alone entity, especially regarding any effect it may have on patient outcomes.

Healthcare accreditation effectiveness is to a large extent determined by the effectiveness and appropriateness of the standards, guidelines and protocols it assures against.

Accreditation cannot guarantee complete safety of a healthcare facility as is true of any 'point in time' approach. However, it can be a positive indication of an organisation's safety culture (ACHS, 2017).

Healthcare is in constant change in order to meet consumer needs and defined priorities.

Changes in populations, technology and new research also combine to ensure that the care delivered will change, even if subtly, on a regular basis.

Any tool for assuring and improving healthcare must therefore also be flexible and responsive.

Accreditation should be adaptive enough to ensure its contribution is positive (Braithwaite et al, 2018).

South Africa

The improvement of the accredited hospitals relative to the no accredited controls was statistically significant and seems likely to have been due to the accreditation program.

With the exception of nurse perceptions of clinical quality, the independent research team observed little or no effect of the intervention on the eight quality indicators.

The impact of accreditation on the quality of hospital care: KwaZulu-Natal province, Republic of South Africa.
Author: Salmon JW; Heavens J; Lombard C; Tavrow P

Kazakhstan

Seeking to bring about major improvements in the health system, since its independence in 1991, the reform measures have altered the institutional and procedural aspects of healthcare delivery. Conclusively, health reform in Kazakhstan is an ongoing process.

While the most recent health reform programs (Salamatty and UHMIS) are being implemented through 2015 and 2020 respectively, it is expected that subsequent health reform and modernization efforts will follow.

Considerable efforts have been made by the Kazakh government to improve access to basic healthcare through the guaranteed basic benefits package, while continuous improvement efforts are in place to bring the Kazakh health system in line with international standards.

An Assessment of Healthcare Reforms in Kazakhstan

Author: Francis Amagoh, Department of Public Administration, KIMEP University, Almaty.

Korea

- A study was conducted to analysis the status of Infection Controls after the application of a Healthcare Accreditation System
- Healthcare Accreditation had positive effects on the status of Infection Controls, but they were transient. Staffing in ICN and HCW staffing, hospital facilities, instruments, and supplies all need to be improved.

Analysis of the Status of Infection Controls after Application of the Healthcare Accreditation System

의료기관 인증제 도입에 따른 감염관리 실태 분석

Authors: Jeong, Sun-Young ; Oh, Hyang-Soon ; Chun, Hee-Kyung

Japan

A study on the impact of hospital accreditation on infection control programs in teaching hospitals in Japan showed that hospital accreditation had a significant impact on hospitals' IC infrastructure and performance.

Impact of hospital accreditation on infection control programs in teaching hospitals in Japan

Author: Miho Sekimoto PhD, MD, MPH

Singapore

A study to identify changes in the quality indices of our cervicovaginal cytology service preceding and following laboratory accreditation showed an increased awareness of quality-related issues and participation in intradepartmental consultation/diagnostic seminars, all part of the accreditation process, very likely contributed to the modest improvements identified in the cytology service.

Future challenges include increases in workload with the anticipated launch of Singapore's national cervical screening program and adaptation to the emerging cervical screening technologies.

Quality indices in a cervicovaginal cytology service: before and after laboratory accreditation.
Author: Tan KB

Indonesia

An evaluation of hospital accreditation in Indonesia by the Commission of Accreditation of Hospitals showed that generally, respondents agreed that accreditation managed to provide impact to the improvement of hospital's quality.

As many as 67.9% of the hospitals managed to identify various forms of accreditation's effect to the hospitals quality. Answers to open questions provided information on suggestions of improvements to the accreditation systems, such as stewardship, assessment and follow ups, accreditation standards and the consistency of accreditation surveyors.

The KARS accreditation system was effective in encouraging staff engagement, adequately effective in encouraging the effort to improve the quality of hospitals but were less effective towards clinical performance of hospitals.

EVALUATION OF HOSPITAL ACCREDITATION IN INDONESIA BY THE COMMISSION OF ACCREDITATION OF HOSPITALS (KARS):
RS PERCEPTION AND ISQUA STANDARDS

Author: Intan Irfianti

Longitudinal impact

Longitudinal participation in an accreditation program translated into evidence of ongoing compliance with and performance improvement against external standards.

... research in this field is revealing accreditation programs have a multifarious and interwoven impact across the systems and processes of organisations.



A way forward

Your accreditation needs to be at the same level as all international accreditation standards

Good structures and processes will be helped by being part of the international community

Public hospitals need to reach the same standards of the private hospitals

Steps to follow

1. Review standards and have the standards accredited against IEEA Edition 5 Standards
2. Review your surveyor training and have training the surveyor programme accredited against IEEA standards
3. Organisations then are accredited against IEEA standards

Join the IAP
programme

*Quality is never an accident; it
is always the result of high
intention, sincere effort,
intelligent direction and skillful
execution; it represents the
wise choice of many
alternatives.*

William Foster



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ISQua's Annual Conferences



ISQua International Society for Quality in Health Care

THE COUNCIL FOR HEALTH SERVICE ACCREDITATION OF SOUTHERN AFRICA C.O.H.S.A.A. Quality Improvement in Health Care

MEDICLINIC

ISQua's 36th
International Conference

Cape Town
2019
20-23 October

Innovate, Implement, Improve:
Beating the Drum for Safety, Quality and Equity
www.isqua.org/events/ct2019

REGISTRATION NOW OPEN

Cape Town International Convention Centre #ISQua2019



ISQua International Society for Quality in Health Care

GRC Centro Nazionale per la Qualità e la Sicurezza del Paziente

ITALIAN NETWORK

ISQua's 37th
International Conference

Florence
2020
30 August - 2 September

Call for Papers will open on
23rd October 2019

www.isqua.org/events/future-conferences.html
Email: conference@isqua.org #ISQua2020



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