



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

THE HOSPITAL ACCREDITATION IN LEBANON: LEADING SUSTAINABLE CHANGE

AUGUST 31, 2019

LEBANON IN NUMBERS

Area: 10,452 Km²

Population of 4,500 thousands Lebanese with around 1.5 Million displaced Syrians, and 500,000 Palestinian. refugees.:

Household Health spending % total HHS= 7.7% (CAS, 2012)

Total Health Spending %GDP 7.4% (NHA, 2015)

Per capita THE : 863 USD (NHA, 2015)

OOP health spending % THE 32.7% (NHA, 2015)

MORE FACTS

- There are 6 public funds in Lebanon mostly employment-based (NSSF, CSC, 4 Military funds) financed mostly by general government revenues and contributions.
- There are around 130 working private hospitals and 20 public autonomous hospitals.
- The MOPH covers all un-covered for hospital services (85%).
- The MOPH contracts with the PHC centers to cover for out- patient services.

OBJECTIVES OF THE MOPH WITH THE NEW ACCREDITATION SYSTEM

- Develop new hospital accreditation standards according to latest evidence and international best practices
- Develop a new governance model that meets ISQua international requirements
- Enhance its regulation capabilities,
- Engage key stakeholders in the accreditation process
- Enhance the culture of improvement and change for better quality of care and patient safety

HEALTHCARE ORGANIZATIONS ARE ENCOURAGED TO

1

- Examine their services and functions (organizational, professional and clinical practices),

2

- Develop their human resources capacities in terms of quality, patient safety, risk management and strategic planning,

3

- Assess the customer satisfaction levels in a continuous performance improvement process

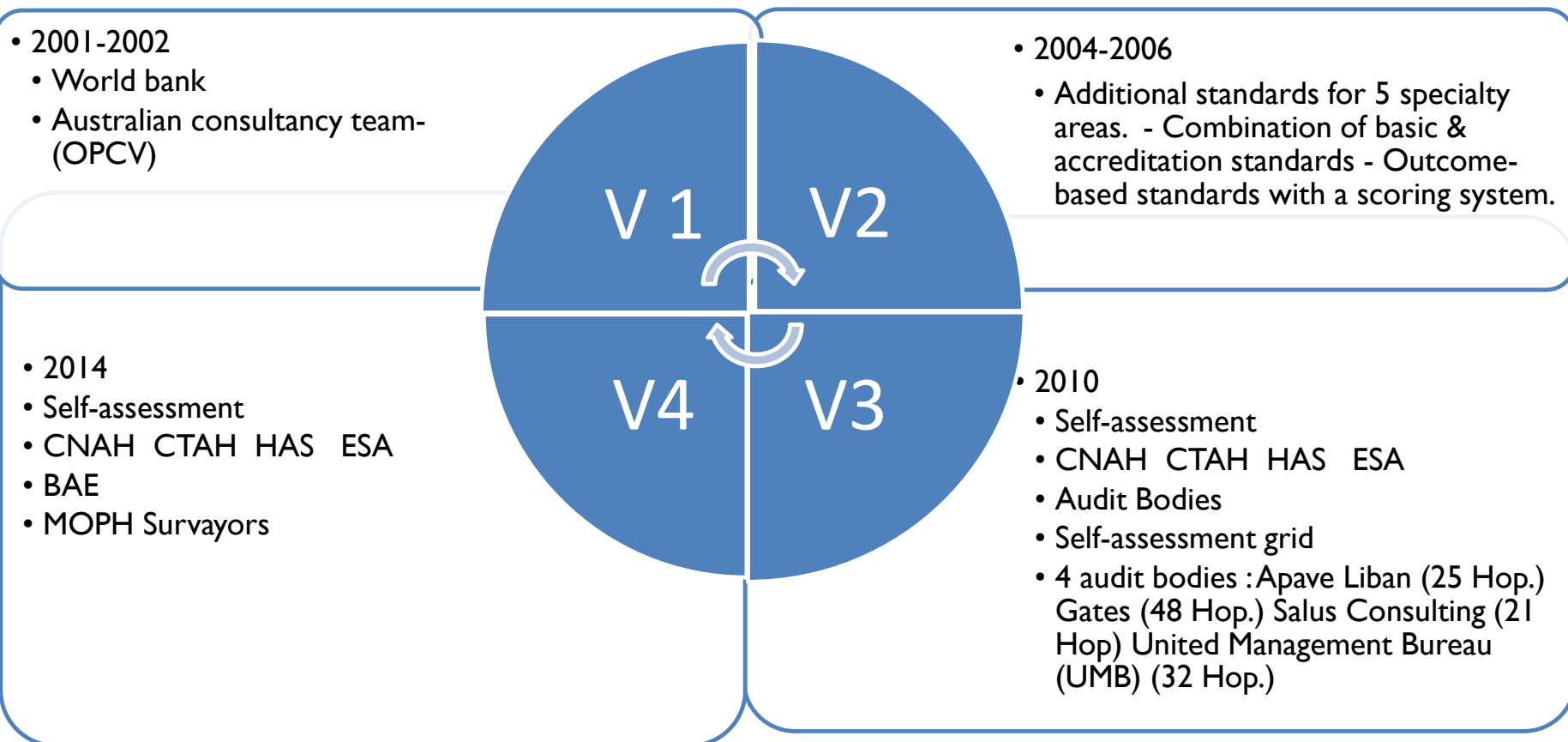
GENERAL CONTEXT OF ACCREDITATION

Regulatory Framework :

Law of June 22,1962 /Decree n°139 of September,16,1983

1983-2000:Classification: Alpha-Star rating system

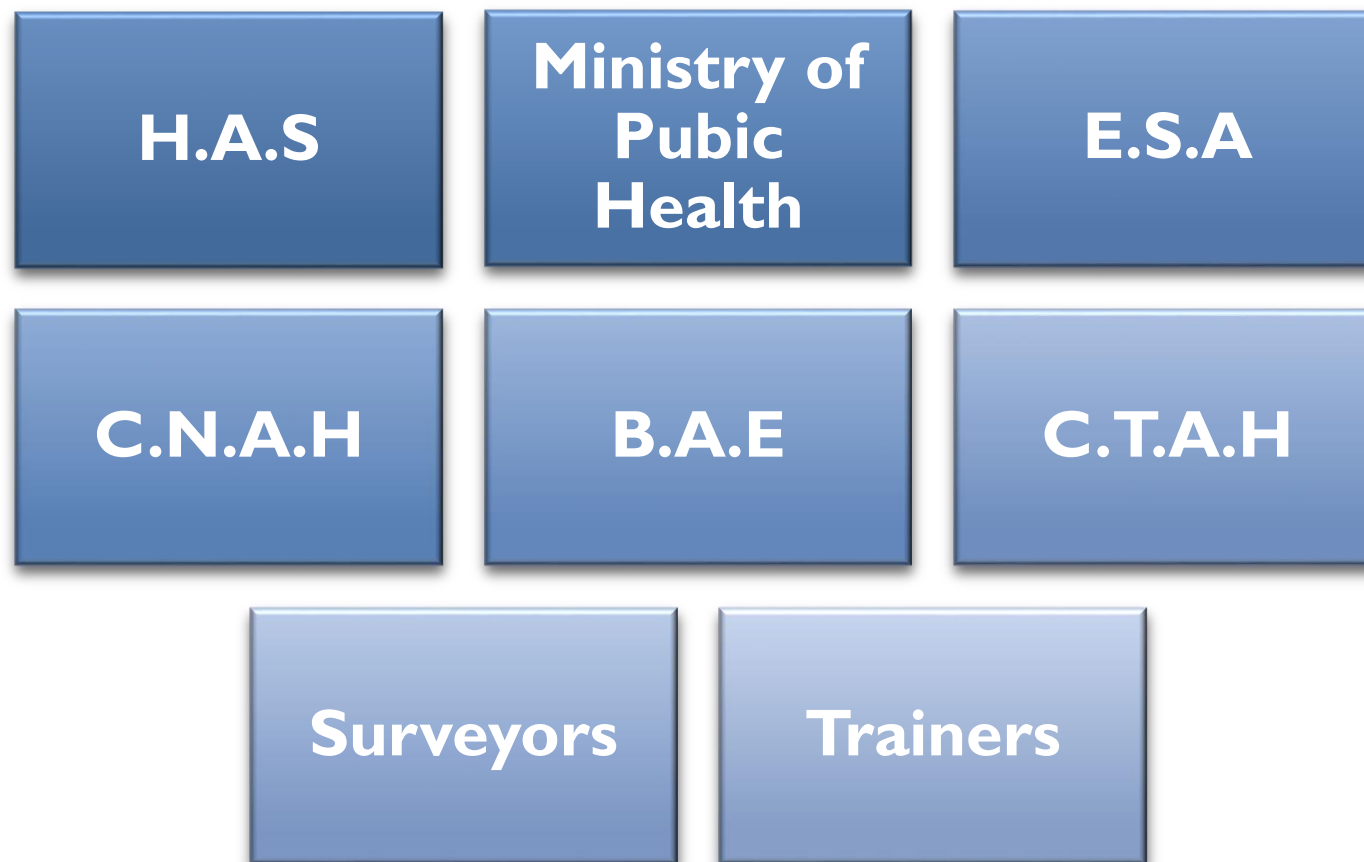
Basic standards
Accreditation standards



- New Standards
- 44 surveyors recruited and trained by MOPH/ESA/HAS

THE ACCREDITATION PROCESS-SURVEY IV

GENERAL ORGANIZATION



THE ACCREDITATION PROCESS-SURVEY IV

ORGANIZATIONAL STRUCTURES

CNAH: Comité National d'Accréditation Hospitalière.

(Law on June 22, 1962

Decree n°139 on September, 16 1983).

- Chaired by the Director General of Health,
- Evaluates, validates and participates in the decision for the accreditation of hospitals.

CTAH: Comité Technique d'Accréditation Hospitalière.

- impartial entity composed of independent experts,
- Appointed by the Minister of Health upon HAS recommendation,
- Provides scientific and technical expertise for the whole accreditation process.

BAE: Bureau de l'Accréditation et de l'Evaluation.

- Operational structure of the project,
- Organizes and follows-up all the process with the hospitals,
- Organizes the CNAH periodic meetings,
- Follows-up the surveyors at all the stages of the accreditation process.

ESA: Ecole Supérieure des Affaires.

- External operator of the BAE
- Under a contract signed with the Ministry of Health.
- Ensures all educational, logistical, and administrative support.

THE ACCREDITATION PROCESS-SURVEY IV

NEW COMPONENTS

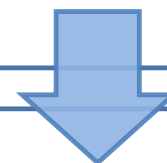
Development of a new governance model for the hospital Accreditation system, that meets ISQua international requirements. Accordingly, the procedure manual was improved to include the following new components:

- 1 • Revision of the accreditation standards, involving experts and key stakeholders
- 2 • Creation of a Bureau d'Accreditation et d'Evaluation des hopitaux (**BAE**) by a Ministerial decree.
- 3 • Selection and training of 9 trainers recruited by MOPH, CTAH and ESA, in France by the Haute Autorite de Sante (HAS)
- 4 • Selection of 44 national surveyors by the MOPH and ESA based on pre-defined criteria, and trained by the trainers in a structural process that meets ISQua requirements. They have the responsibility to carry out accreditation visits on the basis of the self-assessment provided by the healthcare organization.
- 5 • Development of a Surveyor'Guide for the Accreditation visits, that serves as a reference for the surveyor and gives him the tools to carry out the visits.

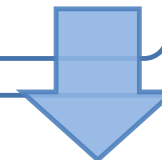
THE ACCREDITATION PROCESS-SURVEY IV NATIONAL SURVEYORS

The national surveyors are committed to:

Promote consistency and systematic judgment

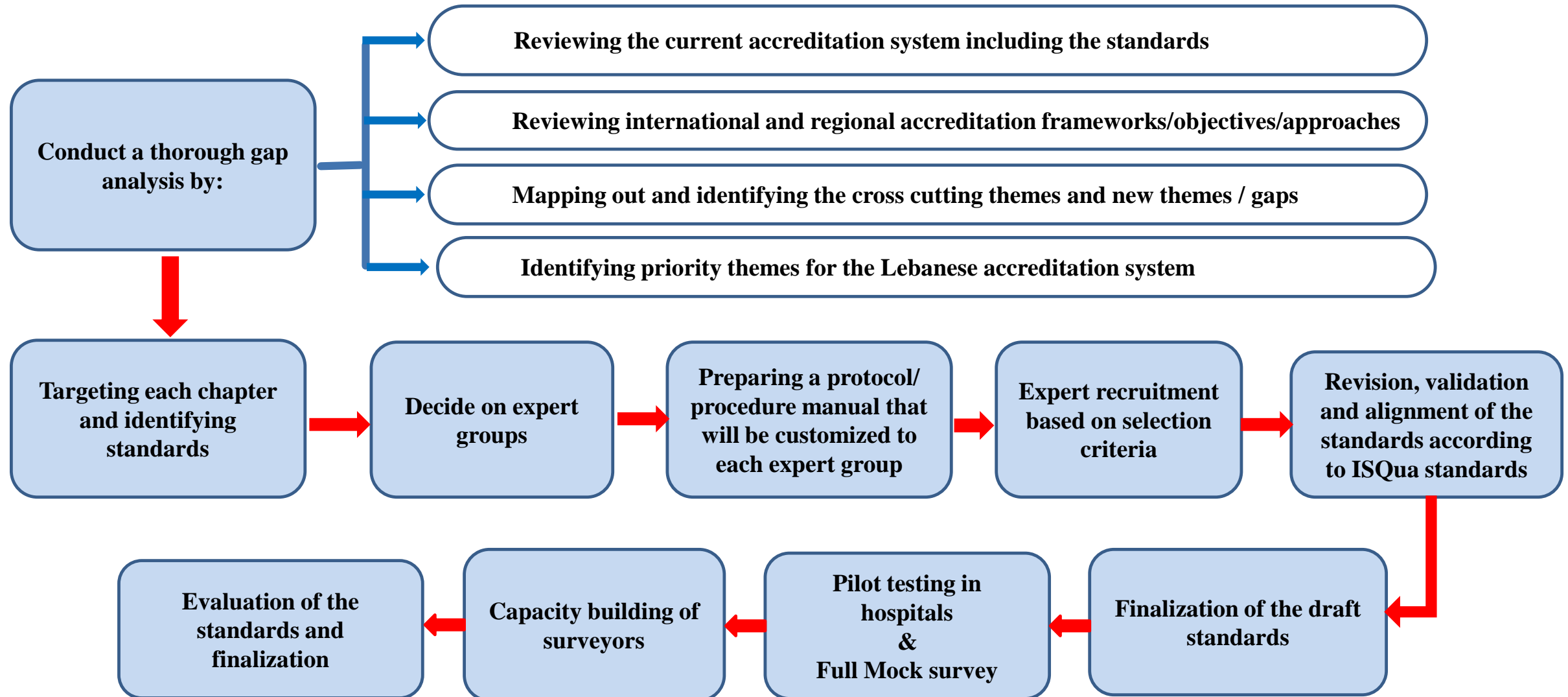


Reduce personal interpretation during audit performance



Follow clear quality control mechanisms of the audit process that will ensure neutrality, independence and objectivity of the whole process.

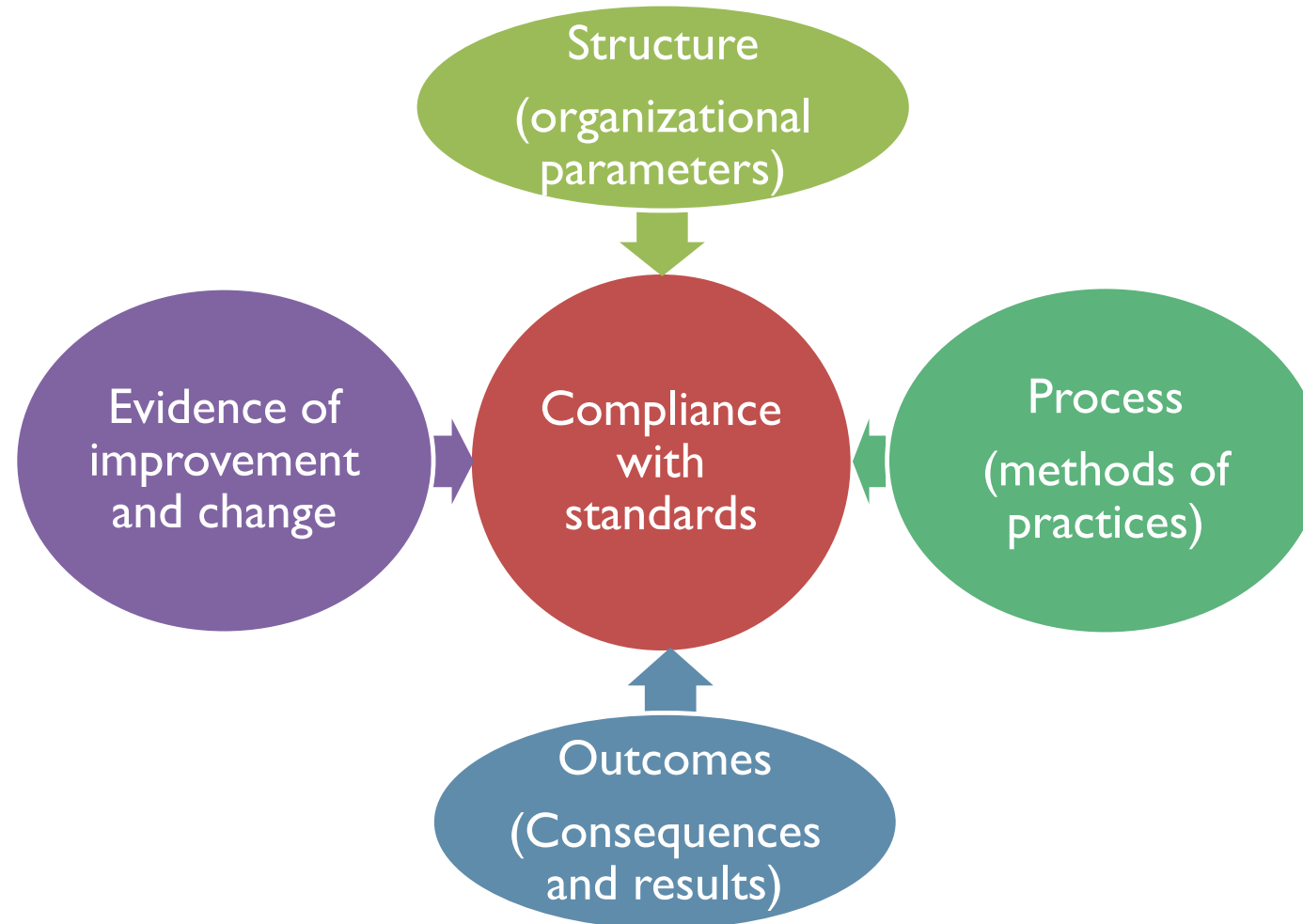
THE ACCREDITATION PROCESS - SURVEY IV STANDARDS REVISION BY LOCAL EXPERTS





THE ACCREDITATION PROCESS-SURVEY IV

A NEW VERSION OF STANDARDS



THE ACCREDITATION PROCESS-SURVEY IV

A NEW VERSION OF STANDARDS

Standards are grouped into priority themes that will prioritize the patient care flow from admission until discharge

Responsive to the complexity of hospital services,

Coordinated and integrated to meet Patient's expectations regarding comprehensive and safe care

The same standards are integrated in several chapters to allow coordination of services and functional interaction of many hospital departments

THE ACCREDITATION PROCESS-SURVEY IV

THE STANDARDS

Hospital Management

- Governance and Leadership (GL)
- Human Capital (HC)
- Information Management (IM)
- Facility Management and Safety (FMS)

QUALITY AND RISK MANAGEMENT

- Medication Management and Safety (MM)
- Infection Prevention and Control (IPC)
- Quality Management and Patient Safety (QMPS)

PATIENT CENTERED CARE

- Access and Continuity of Care (ACC)
- Patient and Family Rights and Education (PFR)
- Patient Services:
 - Anesthesia and Surgical Care (ASC)
 - Oncology Services (ONCO)
 - Medical Imaging (MI)
 - Emergency Services (ES)
 - Obstetrics and Child Health (OS)
 - Critical Care (CC)
 - Laboratory Services (LAB)
 - Blood Bank and Transfusion Services (BB)
 - Other Services (OTHER)

General structure: Components of the standards

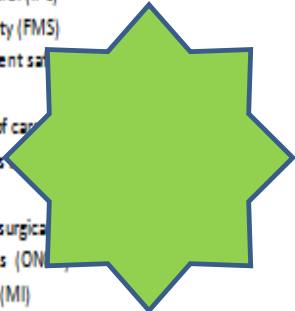
Themes

- Information management and safety (IMS)
- Facility management and safety (FMS)
- Quality and Risk Management (QRM)
- Medical Infection Prevention and Control (IPC)
- Quality management and patient safety (QMPS)
- Patient Centered Care
 - Access and continuity of care (ACC)
 - Patient and family rights and education (PFR)
 - Patient services

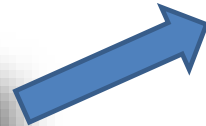


Chapters

- Governance
- Human Resources
- Information
- Medication management and safety (MMS)
- Infection prevention and control (IPC)
- Facility management and safety (FMS)
- Quality management and Patient safety
- Patient Centered Care
 - Access and continuity of care
 - Patient and family rights
 - Patient services
 - Anesthetics and surgical services (AS)
 - Oncology services (ON)
 - Medical imaging (MI)
 - Emergency services (ES)
 - Obstetric and Child Health (OS)



SECTION II Standards



SECTION II Standards

C.O.R



Guiding Measures

- 1.3. By-laws are implemented.
- 1.4. Evaluation methods and criteria to monitor function are specific and documented
- 1.5. Governing body performance is reviewed every two years

THE ACCREDITATION PROCESS-SURVEY IV

C.O.R. STANDARDS

COR: Critical Organization Requirements standards: 80

The COR standards are:

The minimum required standards that a hospital should meet to be accredited.

Essential to ensure patient safety and include the international patient safety goals.

Incorporated from different themes and selected based on a risk assessment tool

THE ACCREDITATION PROCESS-SURVEY IV

NEXT STEPS AND CHALLENGES FOR A SUSTAINABLE PROCESS

Official launching of the Hospital Accreditation project, last semester 2019. For the first year, only voluntary hospitals will be visited.

Obtain the ISQua certification for the standards, the surveyors' training program and the external evaluation organization.

Support the development of capacity building skills for hospital multidisciplinary staff, and more specifically public hospitals.

Encourage leadership trainings for staff related to patient safety to improve communication and decision-making skills

Efforts should preserve the continuity of the accreditation program in order to build on the momentum created in the national healthcare system

THE ACCREDITATION PROCESS-SURVEY IV

NEXT STEPS AND CHALLENGES FOR A SUSTAINABLE PROCESS

Need the commitment of hospitals and their sense of taking ownership

A general re-education of health professionals and the community towards creating an inherent culture of quality improvement – Breaking boundaries

Accreditation should be extended to cover all providers of care in the country (Primary health care (already implementing), long term care, mental health, private clinics, diagnostic facilities and laboratories) in the public as well as the private sectors

 High public deficit that limits the public expenditure on health

 Hospital have limited financial resources for investing in moving forward in accreditation

THE ACCREDITATION PROCESS-SURVEY IV

Besides its basic purpose of assessing hospitals' compliance with standards, accreditation played an educative, consultative and informative role, and acted as a bridge between the various stakeholders by providing a platform for continued dialogue and the initiation of partnership.

Walid Ammar, 2003

THE ACCREDITATION PROCESS-SURVEY IV



“It is not the strongest or the most intelligent who will survive, but those who can best manage change.”

Charles Darwin



THANKYOU