
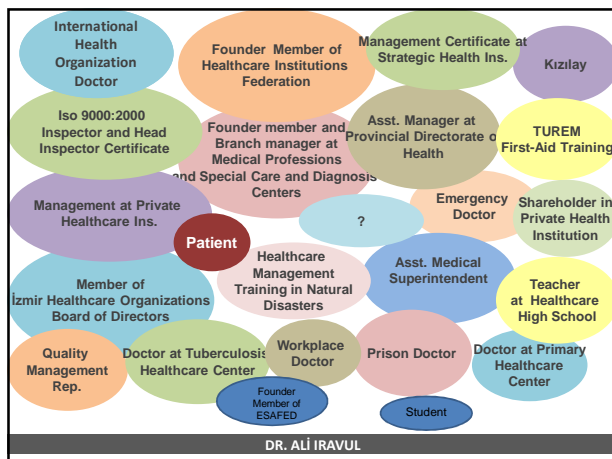


Ibni Sina Health Capacity Building Programme.
**Hospital and Health Care Facilities
 Management and Administration
 Training Programme**

Quality and Accreditation in Healthcare Services

DR. ALI IRAVUL
 Yemen 2012

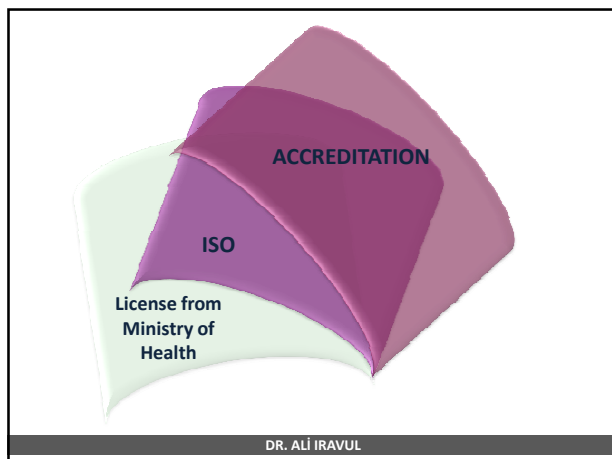
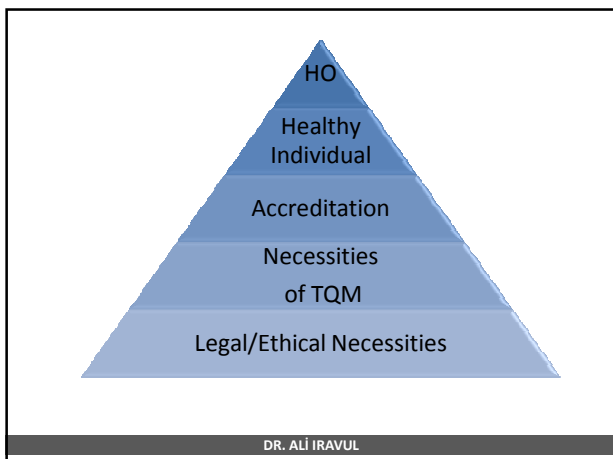
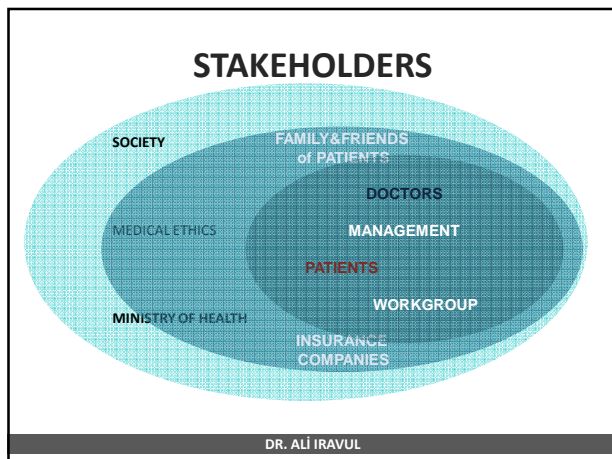




Objectives

Sustainable, effective and productive management of well qualified health services that are ;

- well organized,
- financed,
- and on an equitable basis.

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- **License from Ministry of Health:** Minimum legal standards
- **ISO:** System
- **Accreditation:**
 - Services
 - Products
 - Employees

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Legal Requirements Ministry of Health

(Ministry of Health administrates legislations, in order to determine **minimum level** of standards in Health Institutions.)

- Employee Standards
- Infrastructure Standards
- Required Divisions/Departments (Minimum Level)
- Work standards for Institutions
- Emergency Room Services
- Advertisement and PR Services

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- Only **% 1** of failures result from incompetent employees.
- Remaining **% 99** results from competent employees that are hardworking with good intentions.
- **Processes** themselves are main reason of failure.*

**Dr. Lucian Leape, Harvard School of Public Health*

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International Standards for Healthcare Institutions

- ISO 9001:2008 Quality Management System
- ISO 15189 Laboratory Accreditation
- Hospital Accreditations (JCI, HKS)
- ISO 14001 Environment Management Systems
- OHSAS 18001 Standards of Safety & Health At Work
- HACCP Safety of Food

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International Organization for Standardization(ISO)

Quality Management System:

Required management system for an institution to manage and organize quality within.

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ISO

ISO, is an acronym for an international organization that publishes standards for products, services and systems.

ISO has been established in 1947, with membership of 146 countries. Headquarters of ISO is based in Geneva/Switzerland

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What does ISO mean?

- "International Organization for Standardization" acronym for name in English is "IOS",
- In French "Organisation internationale de normalisation" therefore with acronym "OIN"
- but actually derived from Greek word "ISOS" that means equal.

Source: www.iso.org

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- ISO 9000 standards were prepared in 1979 with participation of 20 members and 10 observers by using standards in UK, Canada, US and Japan.
- Published in 1987
- ISO 9000 standards are widely in use in Health Industry of Turkey.

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ISO 9001:2008 Quality Management System

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Quality Management System

- 4.1. General Requirements
- 4.2. Documentation Requirements
 - 4.2.1. General
 - 4.2.2. Quality Handbook
 - 4.2.3. Documentation Check
 - 4.2.4. Registry Check

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Management Responsibility

- 5.1. Managerial Obligation
- 5.2. Customer Focus
- 5.3. Quality Policies
- 5.4. Planning
 - 5.4.1. Quality Targets
- 5.5. Accountability, Authority and Communication
 - 5.5.1. Accountability and Authority
 - 5.5.2. Management Representation
 - 5.5.3. Internal Communication
- 5.6. Managerial Review
 - 5.6.1. General
 - 5.6.2. Review Input
 - 5.6.3. Review Output

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Resource Management

- 6.1. Resource Supply
- 6.2. Human Resources
 - 6.2.1. General
 - 6.2.2. Competency, awareness and training
- 6.3. Infrastructure
- 6.4. Workplace

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Product Realization

- 7.1. Planning phase
- 7.2. Customer Related Processes
 - 7.2.1. Determination of product related requirements
 - 7.2.3. Customer Communication
- 7.3. Design and Development
 - 7.3.1. Planning of design and development
 - 7.3.3. Output of design and development
 - 7.3.4. Review of design and development
 - 7.3.5. Confirmation of design and development
 - 7.3.6. Applying design and development
 - 7.3.7. Review of changes on design and development

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Purchasing

- 7.4.1. Purchasing Processes
- 7.4.2. Purchasing Data
- 7.5. Production and Services Supply
 - 7.5.1. Inspection on Production and Services
 - 7.5.2. Validation of Production and Service Processes
 - 7.5.3. Determination and Traceability
 - 7.5.4. Customer Ownership
 - 7.5.5. Product Care/Cover
- 7.6. Inspection of Observation and Measurement Tools

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Measurement, analyses and improvement

- 8.1. General
- 8.2. Observation and Measurement
 - 8.2.1. Customer Satisfaction
 - 8.2.2. Internal Inspection
 - 8.2.3. Observation and Measurement of Processes
 - 8.2.4. Observation and Measurement of Products
- 8.3. Inspection of inadequate products
- 8.4. Data Analyses
- 8.5. Improvement
 - 8.5.1. Continuous Improvement
 - 8.5.2. Adjustment activities
 - 8.5.3. Preventive activities

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Principles of Quality Management

- Customer Focus
- Leadership
- Employee Participation
- Process Approach
- System Approach in Management
- Continuous Improvement
- Realistic Approach in Decision Making
- Supplier Relations with Mutual Benefits

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1. Customer Focus: Institutions depend on their customers therefore they need to well understand and meet current and future needs of customers and strive for going beyond customer expectations.

2. Leadership: Leaders organize, design shared route and objectives . Leaders should settle and sustain an environment where employees would be able to participate actions necessary to reach goals and focus on objectives.

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3. Employee Participation: Employees in all levels should be valued within institution and their participation would enable using their skills most productively for company interests.

4. Process Approach: When activities and related resources are managed as a process, effective successful results can be achieved.

Plan .. Determine Objectives & Processes

Apply.. Apply Processes

Control .. Observe and Measure

Improve.. Supply Continuous Improvement

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5. Management System Approach: Defining related processes as a system, enables productive management of meeting goals and efficiency within organizations.

6. Continuous Improvement : Institution should have permanent objectives in order to improve performance continuously

Improvement: Increase in features and characteristics of products and/or increase productivity and efficiency of processes to produce and distribute this products.

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7. Realistic Approach in Decision Making: Effective decisions should be based on data and analyses of information.

8. Supplier Relations with Mutual Benefits: An institution and its supplier are co-dependent and should establish productive relationships with each other that are based on mutual benefits and values.

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External Benefits:

1. A strong addition to reputation and image,
2. Increase in customer satisfaction,
3. Increased in customer numbers,
4. Increase in competition skills,
5. Improvement in supplier relationships.

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Internal Benefits:

1. Effective Management
2. Improvement in Organizational Culture
3. Increase in Quality Awareness
4. Better Documentation
5. Systematization
6. Standardization and Consistency
7. Improvement in efficiency, productivity and data gathering
8. Within time decrease in costs
9. A forward step in Institutionalization

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- ISO 9001 does not publish features of services as a standard.
- ISO is a certificate for Management System, does not confirm perfection of services or products.

“ISO focuses on system quality rather than product or service quality.”

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- ISO is a tool to reach goals not an objective.
- ISO certificate is a first step in road to quality.
- But ISO Quality Management Certificate is very useful to establish quality culture within organization and gather knowledge on documentation principles.

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ISO REQUIREMENTS

- QUALITY MANAGEMENT SYSTEM
- MANAGERIAL ACCOUNTABILITY
- RESOURCE MANAGEMENT
- PRODUCT REALIZATION
- MEASUREMENT, ANALYSES AND IMPROVEMENT

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How to establish Quality Infrastructure?

- Determine/appoint manager(leader)
- Full time visible office to be set
- Quality Council and Audit Committee to be appointed.
- Improved quality plan for hospital
- Quality becomes a part of Hospital Budget
- Set trainings
- Appoint workgroups.

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Accreditation

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ACCREDITATION

Accreditation is an official process of an institution to be acknowledged as suitable with established and published standards by a legal entity that is agreed by all parties. *

**Rooney - vanOstenberg 1999*

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Licensing

- Minimum
- Mandatory
- Government
- Infrastructure, medical equipment, employees (quantity)

Accreditation

- Optimum
- Voluntary
- Independent Institutions
- Processes, Organizational Structure, Service Quality (Qualification)

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First Inspection Year	Programme	# of Program s
1951	USA (JCAHO)	1
1958	Canada	1
1974	Australia (ACHS)	1
1979	USA (AAAH)	1
1986	Taiwan	1
1987	Australia (QIC)	1
1989	New Zealand	1
1990	UK(HAP)	1
1991	UK (HQSI), US (NCQA)	2
1994	South Africa	1
1995	Finland, Korea, Indonesia	3
1996	Argentina, Spain	2
1997	Czech Republic , Japan	2
1998	Australia(AGPAL), Brazil, JCI, Poland, Switzerland	5
1999	France, Malaysia, Holland, Thailand, Zambia	5
2000	Portugal ,England (CSBS), Filipinos	3
2001	Bulgaria, Germany , Italy, Ireland	4
Not available yet	Colombia, Slovakia, Mongolia, Bosnia	4
Total		39

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Practices regarding accreditation in countries differs in;

- whether being mandatory ,
- whether being issues by government offices ,
- whether being focused on optimum or basic requirements ,
- whether based on outputs or processes,
- whether to improve processes or result in punishments,
- whether detailed accreditation results to be published publicly or to be kept confidential. (*Silimperi and Rooney 2003*).

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Accreditation

- Accreditation is a process in which an independent institution evaluates whether a health organization have necessary requirements to improve service quality. Institution which does the evaluation should be independent from health organization to be evaluated, also might be independent from the government authorities.

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Accreditation

Is a method to commit in

- improving service quality,
- creating secure environment for patients,
- reducing risks that are faced by patients and employees with help of an independent organization.

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Accreditation

- Provides a process to evaluate healthcare service organization within specific standards.
- Aim of the programme is to promote continuous and sustainable progress in healthcare services by applying international consensus standards.

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Accreditation

- Logic behind standards depends on quality management and continuous quality improvement.
- Accreditation process is designed to adopt legal, religious or cultural factors within different countries.
- Even though there would be one type of high standards of patient care , country specific factors will be included in accreditation process.

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Table 1: Frequency of citation of different accreditation programs

The program name	Frequency	Percent
JCAHO and JCI (USA)	76	91.56
CCHSA (Canada)	17	20.48
UK accreditation programs	16	19.27
ACHS (Australia)	15	18.7
QHNZ (New Zealand)	9	10.87
ANAES (France)	8	9.63
COHSASA (South Africa)	5	6.02
Other programs	11	13.25
Total	83	100

Advantages and Disadvantages of Health Care Accreditation Models
 *Jafar S. Tabrizi
 Farid Ghazali
 Andrew J. Wilson
 Health Promotion Perspectives, Vol. 1, No. 1, 2011; P. 1-31

Table 2: The comparison between accreditation programs based on 23 defined attributes
Organization name

Attributes	JCAHO	CCHSA	ACHS	ANAES	QHNZ
UK programs					
Effect on quality improvement	****	**	**	*	*
Effect on safety improvement	****	**	**	*	*
Improving health care management integration	***	**	**	*	*
Provides health care organizations database	*				
Designing an international branch	*				
Influenced other accreditation programs	****	**	**	*	*
Evidence of public confidence in process	****	**	**	*	*
Emphasis on efficiency and effectiveness	***	**	**	*	*
Evidence of ongoing innovation	****	**	**	*	*
Influence on global accreditation standards	****	**	**	*	*
Emphasis on patients' rights and providing an ethical atmosphere	***	*	**	*	*
Focus on information management	****	*	**	*	*
History of organization	****	***	**	*	*
Effective relationship with stakeholders	****	**	**	*	*
Outcomes suitable for public reporting)	***	**	**	*	*
Agreement with AGIL indicator	***	***	**	*	*
Breadth of activity scope	***	**	**	*	*
Accredited with ISQua	*	*	*	*	*
Considers all 3 types of performance indicators	*	*	*	*	*
Clear Statement of Intent	*	*	*	*	*
Voluntary Participation	*	*	*	*	*
Government/Non Government Organizations	*	*	*	*	*
Span of coverage and scientific level	****	**	**	*	*

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Categories of JCI Standards

- Patient Focused Functions
- Healthcare Organization Management Functions

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Functions that directly satisfy patient needs

- Patient Rights
- Evaluation of patients
- Patient Care
- Training/Education of Patients and their Families
- Sustainable Care

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Patient Focused Functions

- Access to Services and Sustainability of the Services
- Rights of Patients and their Families
- Evaluation of Patients
 - Clinical Laboratories
 - Radiology
- Patient Care
 - Drug Use
 - Surgery and Anesthesia
- Training/Education of Patients and their Families

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Healthcare Organization Management Functions

- Quality Improvement and Patient Safety
- Prevention and Control of Infections
- Governance, Leadership & Direction Facility Management and Safety
- Qualification and Education of Employees
- Information Management

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Organizational Support Functions for Patient Care Functions

- Leadership (inc. strategic planning, policies and strategy.)
- Human Resources Management
- Information Management (inc. medical records and information analyses)
- Environment Management and Security
- Prevention and Control of Infections
- Performance Improvement (inc. process management, customer satisfaction and recovery results)

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Standards

- Functions are grouped in whether they are related to safe and trustworthy healthcare provided to patients or effective and well management of organization
- This separation should be done for organization as a whole but also for each division and department.
- Inspection process provides information whether standards are met in this step.
- But accreditation result depends on harmony of function within organization as a whole.

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Access to Care and Continuity of Care (ACC)

Standard

- **ACC.2.2.** Information regarding patient care and patient responses are ought to be shared between doctors, nurses and other healthcare employees between division transfers and shift changes.
- **Aim of ACC.2.2**
Share of information between healthcare employees is very critical for a continuous healthcare service. Information can be shared orally, written or in electronic devices. All organizations determines how information will be shared.
Shared information includes,
Health condition of the patient,
A summary of care services given,
Patients response to services.
When a patient is transferred within divisions, reason of the transfer must be shared between employees.
- **Measurement Tools of ACC.2.2**
There is a process to share customer related information throughout service period.
Shared information includes health status of the patient.
Shared information includes a summary of care services given.
Shared information contains recovery status of the patient.
When a patient is transferred within divisions, reason of the transfer is known between employees.

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Patient and Family Rights (PFR)

- **PFR.1** Organization is responsible for providing processes that support patient and family rights.
- **PFR.3** Organization is responsible to inform patients and families on options regarding body and tissue donations.
- **PFR.4** Organization is responsible to inform patients and families how and why to participate if possible participations in clinical trials are available.
- **PFR.10** Organization provides healthcare services considering patient rights , financial, ethical and legal norms.

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Assessment of Patient (AOP)

- **AOP.1** All healthcare needs of patients within the organization are assessed through an organized and pre-determined evaluation process.
- **AOP.2** All first examinations of all patients includes physical, social and psychological factors that require physical examine and information gathering regarding health history.

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Care of Patients (COP)

- **COP.1** Policies and procedures, available legislations guides that all patients should receive same level of care services
- **COP.1** Clinic and administrative leaders within the organization co-operate in order to give one type of care process
Even though several different facilities are used care services should be in same level and way

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Patient and Family Education (PFE)

- **PFE.1** Training supports patient and the family in order to understand and decide on care processes.
- **PFE.3** Patient and family education includes subjects that are suitable for patient care;
 - Safe use of drugs
 - Safe use of medical equipment
 - Potential interactions of certain drugs and foods
 - Guidance on diet
 - Rehabilitation techniques

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Quality Management & Improvement (QMI)

- **QPS.3.2** Clinical observation includes laboratory and radiology safety and quality control programs
- **QPS.4** Individuals who have suitable experience, knowledge and qualifications analyses and gathers organizational information.

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Prevention and Control of Infection (PCI)

- **PCI.1.1** Organization should include all patients, employees and visitors to infection control programme.

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Governance, Leadership & Direction (GLD)

- **GLD.1** Managerial responsibilities are explained by procedures and documents, published legal papers.

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Facility Management & Safety (FMS)

- Reduction of threats and risks
- Prevention of accidents and injuries
- All staff should be trained about the facility, how to eliminate risks and observation and reporting of situations that might cause risks.

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Staff Qualifications & Education (SQE)

- Employee recruitment, evaluation and determination are possible to be done effectively and coordinated only by using one type of process. Also it is important to well document qualifications, experience, education and information . It is very important to examine historical data regarding doctors and nurses as this employees are working at core of healthcare services being with interaction to patients all the time.
- Healthcare organizations should provide necessary conditions and opportunities to their employees to improve themselves.

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Management of Information (MOI)

- Providing patient care is a complex effort mostly based on information.
- In order to provide ,co-ordinate and integrate services , health organizations depends on information such as data regarding individual patients, scientific methods of healthcare, list of services that are provided and output and performance results .

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ISO-JCI

- ISO standards focuses on specific requirements and ability to meet those requirements. ,
- JCI standards focuses to promote continuous improvement for institutional performance and optimum results.

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Nitelikli,
Etkin,
Verimli
Ve
Hakkaniyete uygun
sağlık hizmeti sunumu
için
Kalite ve Akreditasyon

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Thank You



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EXPO
2020
İZMİR-TÜRKİYE

NEW ROUTES TO A BETTER WORLD
HEALTH FOR ALL



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