The Basic Principles of Developing Standards for Accreditation

Triona Fortune
Deputy Chief Executive Officer
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Overview- Standards

Why?

Where?

Basic principles of how to write
Your Hospital Isn't Nearly As Safe As You Think It Is
What is Quality?

Health service quality is defined as the provision of care that exceeds patients expectations, achieves the highest possible clinical outcome with the resources available.
Evidence

- 122 empirical studies
- 29 countries
- Majority after 2006
- US & Australia most dominant
- 6 EU & 13 LMIC
- 64% acute care

- 51% showed improvements
- promote standards i.e. Infection Control
- promote use of guidelines

Narrative synthesis of health service accreditation literature, Hinchcliff et al, 2012 BMJ
Evidence

25 Benefits Listed

- Risk Mitigation System
- Strengthens interdisciplinary team effectiveness
- Improves communication
- Promotes measurement and use of indicators

Accreditation Canada, Value and impact of accreditation: a literature review (2011)
Evidence Clinical

- Gratwohl et al (2011), Patient outcome was systematically better when the transplantation centre was at a more advanced phase of JACIE accreditation.

- Lichtman et al (2011), CVA accreditation resulted in reduced mortality rate but no change in readmission rates.

- Menachemi et al (2008), Ambulatory care centres, patients in JCI accredited facilities were significantly less likely to be rehospitalized after colonoscopy.
How - External Evaluation

- Regulation
- Licensure
- Certification
- Accreditation
Which

- Licensure / regulation – to protect the public and set national norms
- Certification – to recognise unique achievement – professional
- Accreditation - to improve the safety and quality of care-developmental

- All of the above in one system- wish list
Accreditation is a **self-assessment** and **external peer review** process used by health care organizations to accurately assess their level of performance in relation to established **standards** and to implement ways to **continuously improve** the health care system.
Standards Definition

- a desired and achievable level of performance against which actual performance is measured.

Standards Definition

- Document, established by consensus and approved by a recognised body, that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum degree of order in a given context.

BS – A standard for standards – Principles of standardization, 2011
American College of Surgeons

1. There will be an organised medical staff.
2. That membership of this staff be limited to licensed physicians who are competent and of worthy character and who are professionally ethical.
3. That the staff develop rules and regulations governing professional work in the hospital.
4. Each patient will have a comprehensive medical record.
5. That diagnostic and therapeutic facilities are under competent supervision and includes, at least, laboratory and x-ray departments.

Ernest Codman, 1913
Standards for Healthcare

- ISO
- Patient Safety – PSFH
- Accreditation
ISO vs. Accreditation

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Shaw et al. ISQua 2010 Accreditation and ISO certification: Do they explain differences in quality management in European hospitals?
Where to start

- With the experts, use accredited standards
- Adapt overtime
- Gain ownership or

- National programme
  - 1-2 years to develop standards
- Plan
The standard of healthcare accreditation standards: a review of empirical research underpinning their development and impact

David Greenfield, Marjorie Pawsey, Reece Hinchcliff, Max Moldovan and Jeffrey Braithwaite

Abstract

Background: Healthcare accreditation standards are advocated as an important means of improving clinical practice and organisational performance. Standard development agencies have documented methodologies to promote open, transparent, inclusive development processes where standards are developed by members. They assert that their methodologies are effective and efficient at producing standards appropriate for the health industry. However, the evidence to support these claims requires scrutiny. The study’s purpose was to examine the empirical research that grounds the development methods and application of healthcare accreditation standards.

Methods: A multi-method strategy was employed over the period March 2010 to August 2011. Five academic health research databases (Medline, Psych INFO, Embase, Social work abstracts, and CINAHL) were interrogated, the websites of 36 agencies associated with the study topic were investigated, and a snowball search was undertaken. Search criteria included accreditation research studies, in English, addressing standards and their impact. Searching in stage 1 initially selected 9386 abstracts. In stage 2, this selection was refined against the inclusion criteria; empirical studies (n = 2111) were identified and refined to a selection of 140 papers with the exclusion of clinical or biomedical and commentary pieces. These were independently reviewed by two researchers and reduced to 13 articles that met the study criteria.

Results: The 13 articles were analysed according to four categories: overall findings; standards development; implementation issues; and impact of standards. Studies have only occurred in the acute care setting, predominately in 2003 (n = 5) and 2009 (n = 4), and in the United States (n = 8). A multidisciplinary focus (n = 9) and mixed method approach (n = 11) are common characteristics. Three interventional studies were identified, with the remaining 10 studies having research designs to investigate clinical or organisational impacts. No study directly examined standards development or other issues associated with their progression. Only one study noted implementation issues, identifying several enablers and barriers. Standards were reported to improve organisational efficiency and staff circumstances. However, the impact on clinical quality was mixed, with both improvements and a lack of measurable effects recorded.

Conclusion: 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.

Keywords: Healthcare, Accreditation, Standards, Evidence for use, Narrative literature review
PRACTICE AND THEORY IN HEALTH SERVICE ACCREDITATION STANDARDS DEVELOPMENT: DOES THE REALITY MATCH THE RHETORIC?

Greenfield, D., Pawsey, M., Jones, D. and Braithwaite, J.

ISQua 2014

The study reinforces for standard setting and accreditation agencies the value of the *ISQua Principles* as a framework to guide their development and revision processes.
Guidelines and Principles for the Development of Health and Social Care Standards

Inspiring, promoting and supporting continuous improvement in the quality and safety of healthcare worldwide.
Considerations – Clear Focus

- Environment
- Culture
- Financial
- Political support
- Legal
- Place / System
- Willingness to change
- Restraints or not
- Why & What
- Mandatory / Voluntary
Development methodology

- Plan
- Advisory group
- Desk top review of all evidence
- Draft
- Stakeholder input
- Draft
- Pilot
- Evaluate
ISQua Principles

Criterion 1.4 CORE

- Standards are based on:
  a) current available research, evidence and experience;
  b) internationally recognised guidelines;
  c) recommendations from WHO and other national/international professional organisations;
  d) input from technical experts;
  e) legal requirements; or
  f) other authoritative source.

The question:
- Are external evaluation programs evidenced based?

The concise answer:
- Yes, programs specifically designed for healthcare
- No, non-healthcare programs do not appear to be
Non-healthcare standards organisations

- It appears they do not require an evidence base for standards

- Examples
  - Standards Australia;
  - British Standards Organisation; and,
  - American National Standards Institute.
Accreditation Canada

The standards development process is thorough and in-depth. With oversight from standards working groups comprised of sector-specific experts, surveyors, and clients……

- Conducts literature reviews and environmental scans
- Researches best practices and field-specific trends
COHSASA: five phases

1. Research current international literature and consults professional bodies.
2. “Empirical“ phase - standards and criteria are tested in pilot HCOs.
3. “Consensus“ phase - the final standards are modified and consolidated to achieve a useful balance between academic ideals and reality at the coal-face, ensuring that patient care, patient and staff safety, and legality are not compromised.
4. “Publishing" phase - the standards are published and circulated for comment among stakeholders.
5. “Implementation" phase - standards are used as formal measures of performance in health facilities.
Framework
Quality Dimensions

- Safe
- Patient centered
- Timely
- Equitable
- Cost effective
- Built on evidence based best practice

Crossing the Quality Chasm, Institute of Medicine 2001
ISQua Quality Dimensions

- Effective quality performance
- Efficient organisational performance
- Safety
- Patient focus
Accreditation Framework

- Governance
- Strategic Management
- Risk & Quality Management
- Human Resources
- Information Management
- Clinical Services
Framework - Donabedian 1966

- Structure
- Process
- Outcome
Human Resources

- There is a HR Strategy - S

- Recruitment and selection processes are transparent - P

- Evaluation of HR strategy and plans are carried out on a regular basis - O
Language

- Clear & simple
- Avoid acronyms
- Measurable
- Avoid duplication
Maintenance

- Approved by appropriate authority
- Revise 3 – 4 yearly
- Implement
Rating

- Compliance
  - Yes
  - No
  - Good for structural
  - ISO
  - Audit
Rating

- 3 or 5 point Likert
  - 40% to 50% not met
  - 51% to 80% partially met
  - 81% to 100% fully met

- Combines qualitative and quantitative
- Better with Peer Review
- Supports recommendations and CQI
The study reinforces for standard setting and accreditation agencies the value of the *ISQua Principles* as a framework to guide their development and revision processes. Consideration should be given to the inclusion of the additional phase of the evaluation of the standards review process.
IAP Awards to Date

- 115 sets of standards
- 22 surveyor training programmes
- 58 organisations
IAP PROGRAMMES WORLDWIDE

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Ernest Codman 1917

So I am called eccentric for saying in public, that hospitals, if they wish to be sure of improvement,

- Must find out what their results are
- Must analyse their results, to find their strong and weak points
- Must compare their results with those of other hospitals …
- Must welcome publicity not only of their successes, but for their errors.

Such opinions will not be eccentric a few years hence
Conclusion

- Clear scope
- Evidence based
- Planned
- Built around framework
- Measurable
- Simple language
- Current
Thank you

A/Prof David Greenfield, PhD FAAQHC FISQua
Centre for Clinical Governance Research, Australian Institute of Health Innovation

http://www.mq.edu.au
Reading


tfortune@isqua.org
Questions

Thank You.

Grazie.  무도매 주呣

Danke  Obrigado  Arigato

Xie Xie  Merci  Do jeh  Tak

Shukran  Komawoyo

TESEKKÜR  EDERIM