Accreditation of Hospitals in Lebanon

Sleiman M. Haroun, President
Syndicate of Hospitals in Lebanon
Geneva
October 2012

Lebanon

- A small middle-income country spreading over an area of 10,452 km²
- The total population estimated at around 4 million

Lebanon

- GDP (USD) 35,000,000,000
- Hospitalization Bill (USD) 1,200,000,000
- Number of Admissions / Year 600,000
- Private Hospitals:
  - Short and Medium Stay: 117 Number of Beds: 9,224
  - Long Stay: 19 Number of Beds: 3,496
- Public Hospitals: 28 Number of Beds: 1,876
- Number of Physicians registered in the LOP: 12,827
- Number of Nurses registered in the Order of Nurses: 10,079

Private Hospitals in Beirut

Private Hospitals in Metn and Baabda

Private Hospitals in Kesrouan and Jbeil
Private Hospitals in Chouf and Aley

Private Hospitals in Bekaa

Private Hospitals in North Lebanon

Private Hospitals in South Lebanon

Geographic Distribution

<table>
<thead>
<tr>
<th>Region</th>
<th>Hospitals</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beirut</td>
<td>17</td>
<td>1857</td>
</tr>
<tr>
<td>Metn</td>
<td>29</td>
<td>2359</td>
</tr>
<tr>
<td>Kesrouan/Jbeil</td>
<td>8</td>
<td>635</td>
</tr>
<tr>
<td>Chouf/Aley</td>
<td>10</td>
<td>414</td>
</tr>
<tr>
<td>Bekaa</td>
<td>19</td>
<td>1231</td>
</tr>
<tr>
<td>North</td>
<td>19</td>
<td>1397</td>
</tr>
<tr>
<td>South</td>
<td>16</td>
<td>1331</td>
</tr>
<tr>
<td>TOTAL</td>
<td>117</td>
<td>9224</td>
</tr>
</tbody>
</table>

Geographic Distribution

<table>
<thead>
<tr>
<th>Region</th>
<th>Hospitals</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beirut</td>
<td>2</td>
<td>754</td>
</tr>
<tr>
<td>Metn</td>
<td>10</td>
<td>1027</td>
</tr>
<tr>
<td>Kesrouan/Jbeil</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Chouf/Aley</td>
<td>3</td>
<td>466</td>
</tr>
<tr>
<td>Bekaa</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>North</td>
<td>2</td>
<td>175</td>
</tr>
<tr>
<td>South</td>
<td>1</td>
<td>200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
<td>5496</td>
</tr>
</tbody>
</table>
Historical review
➢ In 1848: First Hospital in Lebanon established by the Congregation of Daughters of Charity “Sacré Coeur Hospital”
➢ In 1857: First Private Free of Charge Hospital in Lebanon established by Zakhia Family in Amchit
➢ In 1867: First School of Medicine in Beirut named the Syrian Protestant College, - in 1902 they established the American University of Beirut Medical Center

History of Accreditation in Lebanon
➢ Classification of Private Hospitals 1983
  Decree # 15206 – 1964
➢ Accreditation Survey I  2001- 2002
  Decree # 7612-2002
➢ Accreditation Survey II  2004 - 2006
  Decree # 14263-2005
➢ Accreditation Survey III  2010 - 2012
  Decree # 14263-2005

Classification of Hospitals (1983-2001)
➢ Classification followed an Alpha star rating system.
➢ Alpha for medical services rating (A, B, C, etc)
➢ Stars for hotelier services(******, ****, etc.)
➢ Global rating was a combination of both.
➢ Hospitals may have the same Alpha but different number of Stars or vice-versa.

The Accreditation Process
Survey I
➢ Established a consultative committee to oversee the process
➢ Contracted with OPCV (Overseas Projects Corporation of Victoria-Australia)
➢ Was funded by World Bank
➢ Was supervised by MOPH and Health Sector Rehabilitation project
➢ Issued a national accreditation manual for acute hospitals in Lebanon

The Accreditation Process
Survey I
➢ It is important to note that the standards developed for Survey I of the accreditation in Lebanon were more structure- and process-based and did not reflect quality health care outcomes (i.e. patient outcomes indicators such as mortality and morbidity rates).
The Accreditation Process
Survey II
Revision of Standards (started in 2003)
- Consideration given to applicability to hospitals of all sizes and complexity of services offered
- The revised standards were written with very specific knowledge of Lebanese hospitals
- Additional standards for 5 specialty areas.
- Combined both basic and accreditation
- A proportion of outcome-based standards have been added with a scoring system, which is both quantitative and qualitative thus measuring a more accurate level of quality improvement implementation.

The Accreditation Process
Survey III
Development of accreditation policies and procedures
- The new procedure highlights the role of the current accreditation committee and the technical unit that would manage the program.
- The new accreditation procedure includes a formal self-assessment step and allows for a formal and documented appeal process.

The Accreditation Process
Survey III
Upgrading of the Accreditation standards
- Accordingly two chapters were added to the current standards and related to risk management and evaluation of clinical practice.
  1. Patient Safety and Risk Manager
  2. Evaluation des Pratiques Professionnels (EPP)

The Accreditation Process
Survey III
Upgrading of the Accreditation standards
- the revision of the current accreditation system aims to allow the program to evolve in a way to be in line with international trends in this field:
  - by addressing key issues related to patient and client safety
  - by introducing key performance measures in clinical areas that allow for an evaluation of outcomes of care.

The Accreditation Process
Survey III
Components of the accreditation process
- Preparation and implementation of the self-assessment process by the hospital;
- An audit to validate the results of the self-assessment conducted by an approved body;
- Submission of the audit report and definition of the accreditation level;
- Continuous improvement of quality.
The Accreditation Process
Survey III
Accreditation Manual

- 42 chapters
- 593 standards
- ~ 4000 criteria

The Accreditation Process
Survey III

- The auditors should concentrate on critical standards of patient care
  - On the basis of International Literature review
  - Identification of critical standards by the National Committee:
    MOPH Critical standards
    - 100 critical standards
    - 17% of standards

The Accreditation Process
Survey III

- The Number of Hospitals (Public and Private) involved in the accreditation process is 139

- The Number of Reports received by the technical committee (results) until January 2012 is 112

The Accreditation Process
Survey III

- The National Committee decision defines the level of accreditation based on the recommendations proposed by the Technical Committee according to the following table:

<table>
<thead>
<tr>
<th>Type of Decision</th>
<th>Level of Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No decision</td>
<td>level 1</td>
</tr>
<tr>
<td>At least one recommendation</td>
<td>level 2</td>
</tr>
<tr>
<td>At least one reservation</td>
<td>level 3</td>
</tr>
<tr>
<td>At least one major reservation</td>
<td>level 4</td>
</tr>
</tbody>
</table>

The Accreditation Process
Survey III

- Distribution of Hospitals according to their level of accreditation

<table>
<thead>
<tr>
<th>Level of Accreditation</th>
<th>Hospitals</th>
<th>%</th>
</tr>
</thead>
</table>
| Accredited level 1 (No decision)     | 28        | 25%
| Accredited level 2 (At least one recommendation) | 42 | 37.5% |
| Accredited level 3 (At least one reservation) | 37 | 33% |
| Accredited level 4 (At least one major reservation) | 5 | 4.5% |

The Accreditation Process
Survey III

- Types of Decisions

<table>
<thead>
<tr>
<th>Type of Decision</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Reservation</td>
<td>3.8%</td>
</tr>
<tr>
<td>Simple Reservation</td>
<td>23.3%</td>
</tr>
<tr>
<td>Recommendation</td>
<td>72.9%</td>
</tr>
</tbody>
</table>
The Syndicate’s vision for the future of accreditation

- More **Outcome** oriented
- Having a **National Independent** accreditation body
- **Local Surveyors** training and development
- Creation of a **Public Reporting System** with similar indicators among all hospitals

General reflections

Some studies suggest that hospitals might adopt **Opportunistic behaviors solely with the aim of gaining accreditation**.

Particularly when governments link accreditation to other objectives, such as **Payment mechanisms, Resource allocation, and so on**.

General reflections

In order for the government to pursue the quality improvement objective of accreditation, careful consideration should be given to a **Finely balanced mix** of **Monetary and non-monetary incentives** to change behaviors.