

WHITE PAPER

# Clarifying the concept of external evaluation

**Edited by:**

Ellen Joan van Vliet, Jacqui Stewart and Carsten Engel  
Members of the ISQua External Evaluation Association Accreditation  
Council and Jorien Soethout, Qualicor Europe

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## About ISQua

ISQua is a member-based, not-for-profit community and organisation dedicated to promoting quality improvement in health care. Established in 1985, ISQua has been working to improve the quality and safety of health care worldwide for over 30 years. ISQua aims to achieve its goal through education, knowledge sharing, external evaluation, supporting health systems worldwide and connecting like-minded people through our health care networks.

International Society for Quality in Health Care  
Huguenot House, 35-38 St. Stephen's Green  
Dublin 2  
D02 NY63

[www.isqua.org](http://www.isqua.org)

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## Foreword

The Latin *valere* (as a verb: *valeo*) means to be strong, well, healthy, worthy and of value. Over 2,000 years later this definition isn't too different from what we want to achieve in evaluating organisations or systems.

In healthcare, the idea of external evaluation took hold with quiet beginnings almost 100 years when Ernest Codman, a pioneering American surgeon hailing from Boston, Massachusetts, had the bright idea of suggesting that clinicians and hospitals follow patients and assess whether the outcomes of their treatments were realised. This “end results system” would ensure the competence of surgeons and enable feedback to be provided to them on what works and what didn't. The sad part of the story is that Codman's idea was rejected by his hospital and he was stripped of his clinical privileges. The usual explanation given was that his was an idea ahead of its time.

Today, after decades of trial and error and a great deal of interest, we have many versions of external feedback provided to internal stakeholders in healthcare and elsewhere: valuers assess property prices; regulators ensure compliance with necessary requirements and provide carrots and sticks for organisations to do so; auditors look carefully at accounting practices; environmental agencies ensure practices are sustainable and effective in an era of climate change; and certifying bodies of various kinds recognise when individuals, organisations and services are competent.

Indeed, a famous book published in 1997 was entitled “The Audit Society: Rituals of Verification” and made the claim that society's desire for accountability and control manifests in many ways and is a hallmark of complex institutions and organisations in the modern era.

In the case of the health system, we can see why we would need to have such verification, and to induce measures of accountability and control. The nature of the services is important, intimate and can be life-threatening or life-affirming. People want to see accountability of clinical practices and their outcomes. Whether taxpayer funded, directly paid for, or covered by insurance, the payor or sponsor of the care wants to see that treatment providers are delivering effective and efficient care. The best way we have found to do this is to establish pre-specified, clearly articulated and meaningful standards against which care, and the delivery of care, can be assessed.

This, in broad outline is the story of how we got to here. But how does external evaluation work in practice in health systems of 2021? Have we sufficiently defined what happens during external evaluation, made clear how it works and considered sufficiently deeply the purpose of external evaluation? Scholars, policymakers, clinicians, regulators and accreditors have done this spasmodically and in a piecemeal fashion. Studies and commentaries are intermittently peppered throughout the literature.

Now, a team comprising Ellen Joan van Vliet, Jorien Soethout, Jacqui Stewart and Carsten Engel have brought many ideas and scholarship together to develop a definitive guide to clarifying how external evaluation works, its purpose, its constituent elements, how it operates as an intervention and what is likely to happen as it changes the way it contributes over time. Few teams can boast their credentials: they straddle the practitioner-evaluator-scholar divide, and are known for actively getting things done. Now, they have written authoritatively on this issue with wisdom, balance and brevity.

This vital and timely contribution is as important as it is useful. I commend it to all who are interested in ensuring high quality services in healthcare and the role that an external assessment of those services can play in ongoing improvement of care to patients. It satisfies my major test of a contribution of this kind, which is attributable to Lee Iacocca, a past Chief Executive of the Chrysler Corporation: *“You can have brilliant ideas, but if you can’t get them across, your ideas won’t get you anywhere.”* I’m quite sure the ideas in the White Paper will go far and wide.

**Jeffrey Braithwaite, PhD**

President, International Society for Quality in Health Care (ISQua) and ISQua External Evaluation Association (ISQua EEA)

Professor and Founding Director, Australian Institute of Health Innovation, Macquarie University, Sydney, Australia

27 May, 2021

## Introduction

External evaluation is a systematic approach for improving quality and safety in healthcare systems. It is based on the principle of evaluating performance against a defined set of standards, using external evaluators. A century ago, the American College of Surgeons in the United States, in partnership with Canada, started external evaluation. Since then external evaluation organisations and their programmes have expanded rapidly to more than 70 countries. ISQua and the ISQua External Evaluation Association (ISQua EEA) have promoted external evaluation for just over 20 years, by setting standards for best practice for external evaluation organisations [1], their surveyor training programmes [2] and their standards [3], and by accrediting them against these standards. As of January 2021, 68 organisations have one or more currently valid ISQua EEA accreditations [4].

The World Health Organization (WHO) has defined external evaluation as one component of a global quality strategy [5, 6] and has cooperated with ISQua and the World Bank in producing a guidance on the design of such programmes [7].

External evaluation evolved and diversified over the years to an overarching term which includes and encompasses several forms and types such as accreditation, certification, regulation and licensing [8]. Clarifying our understanding of the concept is a necessary prerequisite for moving ahead; Why apply for external evaluation? How does it work? And what are the success factors and challenges?

The aim of this paper, which has been initiated and endorsed by the Accreditation Council of the ISQua EEA, is

- (1)** to explain in more detail the purpose and expected outcome of external evaluation,
- (2)** to elaborate on the components of an external evaluation programme,
- (3)** to define the complex interventions that external evaluation entails and
- (4)** to identify challenges and perspectives for the future.

From the point of view of external evaluators, the paper is a platform, intended to articulate our theoretical understanding of external evaluation and to establish the basis for further evolution and innovation of external evaluation. From the point of view of organisations or systems contemplating or mandated to undergo external evaluation, the paper provides an opportunity to understand the framework of the programme they are entering, including conditions for achieving the desired outcome.

# 1. Why: purpose and expected outcomes of external evaluation

## Purpose: consistent level in quality of care and continuous improvement

External evaluation aspires to contribute to the delivery of high-quality care and safe care, for the benefit of service users. External evaluation provides assurances that healthcare facilities have adequate quality systems in place. It also contributes to quality improvement, risk mitigation, patient safety, improved efficiency and accountability, and sustainability of the healthcare system.

Some organisations participate in an external evaluation programme purely for quality assurance. Other organisations use external evaluation as a strategy to enable a consistent level in quality of care and continuous improvement of care, by stimulating longitudinal and incremental change in organisational and clinical practices. The intention is to note that organisations meet current designated standards and are able to continuously improve their processes.

Accreditation ensures that an organisation has processes in place to prevent or minimize situations that would pose risk, and that if an adverse event arises there are systems in place to enable effective recovery and learnings to be applied. Healthcare facilities are complex environments and incidents can still happen.

## Expected outcome: plan, control, assure and improve quality

External evaluation supports organisations in providing insight and growing the maturity of their quality management system. Inspired by Juran's trilogy [9], four levels of maturity can be defined: plan, control, assure and improve quality. These levels build upon each other: the base still needs to provide a strong structure once a higher level of maturity is reached. As quality improvement is reached, it is therefore important to make sure that quality is still planned, controlled and assured. The trilogy needs to stay in place.

### 1. Quality planning

Quality management starts with quality planning, that is quality by design. Quality goals are established at an organisational level and then cascade through to the teams. Client groups and their needs are identified and service designs are defined, based on these requirements. On this level, an external evaluation programme can be used as a 'blueprint' to plan quality management.

### 2. Quality control

Quality control then inspects if actual performance or service delivery fulfils the quality requirements. Compliance with quality standards is evaluated and errors or deviations are identified. External evaluation in this level of maturity is used as an instrument to see if an organisation meets what it is expected to meet, such as statutory requirements and/or well established professional and industry norms. The organisation is expected to meet the standards and to have a system in place to follow-up compliance and detect errors or deviations.

### 3. Quality assurance

Quality assurance focuses on identifying that quality requirements are fulfilled and satisfactory performance is maintained. On this level the external evaluation programme can provide systematic monitoring of processes and an associated feedback loop that confers error prevention or mitigation, to ensure the organisation is fit for purpose and future performance.

#### 4. Quality improvement

Quality improvement is a consistent approach to systematically improve the ways in which care is delivered to patients and families. Better patient experience and outcomes are achieved through changing provider behaviour and organisation through using a systematic change method and strategies and responding to changes in evidence, while paying attention to context [10, 11]. External evaluation can be used as a combination of a periodic 'check-up' on quality and safety topics as well as a 'mirroring' by independent peers to enhance discussion and receive feedback on ideas and innovations.

## 2. How: components of an external evaluation programme

In 2018, ISQua's Accreditation Council defined Terminology Principles [8] to promote a better understanding of external evaluation in health and social care (Table 1). A basic principle is that the pre-determined requirements are phrased in a way that allows organisations to assess whether they meet them, and determine what to do, if not. Thus, the standards should express the prerequisites for achieving the desired outcomes, that is a consistent level in quality of care and continuous improvement.

- **External** evaluation is a **formal assessment process** undertaken by an **external, independent third party**.
- The **third party may have specific authority** (e.g. legal recognition) to undertake assessments.
- The **object** being assessed may be an **organisation, system, process, programme or individual person**.
- Assessment is **against available pre-determined requirements**.
- The pre-determined requirements may be **set out in standards, guidelines, indicators or other measures**.
- The **assessment process** is designed to determine the **degree to which the requirements are met or not**.
- **Objective mechanisms** are in place to **make or render a decision**.
- The **assessment process** results in a **defined output such as a specific status or an award** which is valid for a specific and defined period.

**Table 1** Principles of External evaluation (IAP Terminology principles [8])

### Component 1: Standards to evaluate structure, process, outcome and culture

In order to contribute to consistency in the quality of care and continuous improvement, a comprehensive set of standards is designed to impact on the organisation's structure, process, outcome and culture.

#### 1. Structure

Structure is clearly an important prerequisite for performance. Typically, structure standards describe the minimum or basic conditions for safe care and are related to quality planning and control. These standards tend to be dichotomous. Either the organisation meets them or not. Additional standards can be defined to meet higher quality levels.

When there is not yet an established quality management system, organisations use these standards as the backbone of their system to be designed and implemented. At this stage, organisations use the standards as support and implement them quite literally, as they are described.

Examples of structure items in assessment standards are:

Structure items	Examples of standards
Infrastructure	Effective planning- and control cycle Equipped and safe operating theatres Safety plans Emergency and disaster plans
Organisational structure	Clear descriptions of tasks and responsibilities
Governance and management	Providing clinical guidelines Providing a safe environment for staff Having an ethical framework and guideline Channels for communication
Staffing (numbers, competencies)	Appropriately qualified staff Nurse-to-patient ratio Advanced life support training

## 2. Process

Process standards describe the mechanisms that organisations use to enhance safety and minimize risk. A key principle is that these standards are fit for purpose and right the first time. The standards can be generic about how organisations collect data, monitor performance, compare expected outcomes, forecast future performance and initiate actions to prevent adverse events and near misses. Alternatively they can be more specific and related to patient safety themes, such as infection control, medication safety, patient identification and falls prevention.

Process evaluation is usually the main part of an external evaluation and can take many forms. Based on the ISQua Principles [3], external evaluation examines:

- > Leadership, including, but not limited to, quality and risk management;
- > Actual care processes, such as perioperative processes, oncology care, palliative care, ambulatory care and emergency or acute care;
- > Supportive processes, such as procurement procedures or human resource-procedures for skills training;
- > Specific aspects or themes across processes, for instance person centeredness.

Process standards can have different perspectives:

- A **conformance** perspective: for some processes there is a best practice that should be rigorously followed.

- An **outcome-oriented** perspective: is this process designed in such a way that it is likely to achieve the desired outcomes (at organisational and individual levels)? Is the system able to adjust the process properly in response to changes in the input and the environment?
- A **capacity and capability** perspective: does the system have the resources, leadership, support functions and culture that will make the desired performance likely? Is there clarity about goals and about the means by which these goals should be achieved? The evaluation would include:
  - > Competencies of those that make decisions
  - > Existence and deployment of relevant and clearly defined policies
  - > A transparent and understandable operational plan, aligned with the strategy
  - > Effective channels for communication with timely access to relevant information
  - > Presence of fora/opportunities for consultation/shared decision making
  - > Providers own control of quality of decisions, built into the process or through audits
  - > Support for decisions and execution of decisions (guidelines, technical infrastructure, leadership, human resources)

### 3. Outcome

The ultimate outcome of healthcare is population health, compared to accepted targets. A comparison over time, to predetermined objectives, thresholds or best practices, and/or with other service units or organisations is needed to be able to evaluate outcome.

Outcome is generated through a multitude of intermediates, some of which can be measured by numerical methods (for instance door-to-needle time for stroke thrombolysis), whereas others are more suitable for qualitative assessment (safe medication procedures as an example).

Standards also need to recognize that outcome in healthcare is also influenced by factors beyond the control of organisations, which requires a system wide approach.

In addition, not only the outcome itself, but also the plan and control cycle to follow-up outcomes, can be included in external evaluation standards. What processes are in place to determine outcome measures and their goals? Is there a minimum or threshold value determined?

### 4. Culture

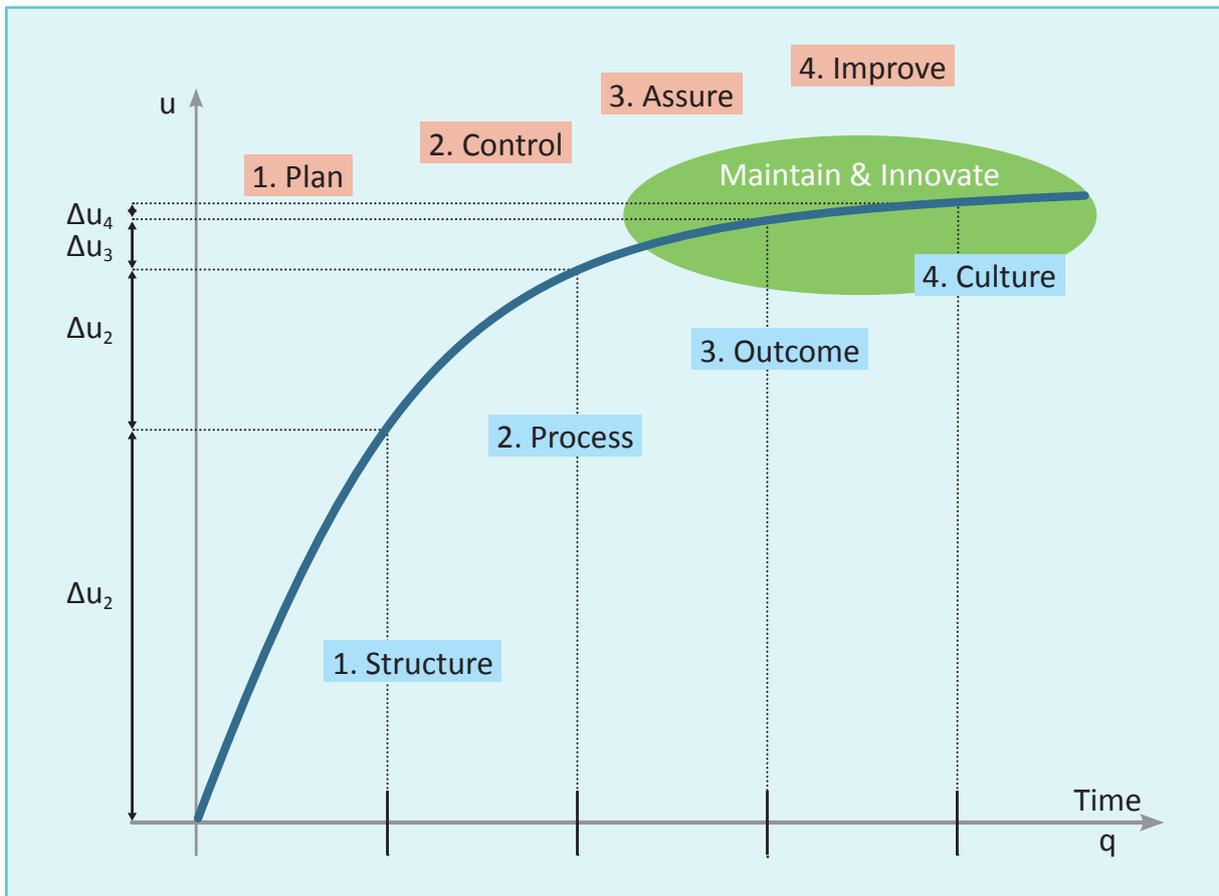
Standards that address culture [12], describe the mechanisms organisations use to initiate and follow-up improvement interventions, to learn as a team, to solve problems and to involve their clients and relatives. The focus is on the organisation's attitude to change and the connections between strategy and daily activities. Also, structure, process and outcomes requirements can impact culture.

## Hierarchy between the standards and growing maturity in quality management

In section 1 it was pointed out that the levels of maturity of a quality management framework build upon each other: the next level cannot exist without the previous one(s) being in place. The same can be said for standards: process standards can be implemented when structure standards are met. Outcome standards build upon the results of process standards and standards addressing culture take it a step further. Does an organisation strive for continuous improvement of outcome? Who are involved in determining these goals and

can they effect processes to influence outcome? What is being done when the outcome is not as expected? Is there a way in which staff are recognized for their efforts to continuously improve? Is transfer of knowledge facilitated? Is there a culture in which 'rebels' can strive to achieve goals through innovation, while doing things differently than prescribed?

Standards of an external evaluation programme can, sometimes explicitly, but more often implicitly, be related to one of the four levels of maturity of the quality management framework that are described in section 1:



**Figure 1**

In Figure 1 the horizontal axis describes development over time, while the vertical axis displays the result being achieved per external evaluation cycle ( $u$ ). It shows that within the first two cycles of external evaluation structures are built and processes have been put in place, leading to planning and controlling quality management.

When evaluating an organisation (or, in future, a patient journey) over a long period of time, one sees that with reaching a higher level of maturity of the quality management system, outcome measures tend to improve. When organisations become more and more experienced in building effective structures and processes to enable the delivery of safe and high quality care, safer and better care can be delivered.

In the third cycle, quality is being assessed and standards focussing on outcome are generally being met. The flattening curve however shows that over the same period of time and with the same effort, the experienced added value decreases. In the fourth cycle all efforts go into maintaining what is already in place. A culture that supports innovation within a learning organisation can help to reach new levels of continuous improvement.

## Component 2: Evaluation methodology

The way in which the standards are used during external evaluation, the evaluation methodology, is an integral part of 'how'. External evaluation of healthcare delivery is not an evaluation of a product, it is an evaluation of a service. Therefore, it is always conducted at a particular moment, with no guarantees that the next moment being evaluated will generate the same result. So, it is essential to evaluate services delivered to several patients and to involve triangulation, using a number of methods.

External evaluators look at (1) the service delivery design, or work-as-imagined [13], (2) the actual service delivery, or work-as-done [13], (3) the service experience and (4) the gap between these three.

Work-as-imagined (Table 2) is evaluated by the review of documented policies, procedures, guidelines, instructions; by interviews with leaders accountable for, but not directly involved in the actual care process.

Work-as-done is evaluated by observations during tracers [14]; by interviews with leaders and staff directly involved in actual care processes; by review of records of how care actually was delivered; or by review of numerical process indicators, preferentially generated as a natural part of the process (as opposed to documenting solely for the purpose of external evaluation).

Service experience is evaluated by interviews with clients and their relatives or focus groups of clients; or by review of numerical data collected from questionnaires, including surveys on workforce, safety culture and staff engagement. Experience is not just about satisfaction or outcome but also about what actually happened from the perspective of the client during the entire process of service delivery.

The triangulation of these three areas will identify if there are gaps between the work as imagined, actually done and the experience of the clients and staff.

**Work-as-imagined** refers to the various assumptions, explicit or implicit, that people have about how their or others' work should be done (Hollnagel [15]). Written procedures are examples of work-as-imagined, but it also includes assumptions embedded in an organisations' culture or in individual peoples' minds. There can thus be variations in work-as-imagined across an organisation, which is one potential problem that external evaluation can uncover.

**Work-as-done** refers to how something is actually done, either in a specific case or routinely (Hollnagel [15]). Differences between work-as-imagined and work-as-done is sometimes considered an error, but in a complex system it can also be a desirable adaptation to particular circumstances or adaptations and improvements accumulated by experience, but still not reflected in work-as-imagined.

**Table 2** Work-as-imagined and work-as-done [15]

## 3. What? The complex intervention of external evaluation

External evaluation is never a standalone quality intervention[16]. It should be an integral component of the organisation's quality improvement plan which includes and complements other quality strategies such as applying LEAN methodology, tracking indicators, and staff and patient engagement surveys. For an organisation, preparing for an external evaluation and meeting the requirements needs a serious investment. Motivation to apply for external evaluation might be voluntary – 'wanted', or mandatory – 'imposed'. The phases of preparation, evaluation and follow-up should all contribute to gradually mature and strengthen the quality management system and safety culture throughout the organisation. External evaluation is a means to enhance quality, not an end in itself. The components of the process are cyclic and ongoing.

## The impact of the organisation itself

The outcome of external evaluation is a result of interaction between the evaluation programme and the ecosystem of the organisation. Organisational behaviour and beliefs towards quality interventions differ between organisations and over time. External evaluation is a complex intervention, in a complex adaptive system [17, 18] (Table 3). This means that even when an external evaluation programme expresses expectations as to the actions of the provider and has means to enforce some actions, this is not sufficient to determine what the effect will be. Also, it is not possible to generalize experience from one programme in one setting to another programme in another setting without taking the context into account.

The fact that healthcare is a complex system has important consequences for the understanding of external evaluation:

The effect of an external evaluation programme results from the interaction between the programme itself and the provider that is exposed to the programme (the context).

The external evaluation programme may express expectations as to the actions of the provider and may even have means to enforce some actions. But in a complex system this is not sufficient to determine, what the effect will be.

It is not possible to generalize experience from one programme in one setting to another programme in another setting without taking the context into account.

Standards are often confused with a requirement for standardization, but it is important to understand that

- > While some standardization is useful, a complex system cannot be standardized entirely (“captured into an algorithm or a set of rules”).
- > In a complex system execution is often more suitable for standardization than decision making (it’s easier to standardize “how to do A” than “when to do A”).

**Table 3** Important consequences of complexity

One paper reported a series of interviews with individuals working in healthcare organisations in Ontario, Canada, that had participated in accreditation, and who had coordinated the accreditation process or were involved in managing or promoting quality [19]. From these interviews the following three key stages emerged as required for external evaluation to impact quality:

- > Coherence, or alignment, between external evaluation and the organisation’s beliefs, context and model of service delivery.
- > Organisational buy-in.
- > Organisational action in response to observations, feedback or self-reflection resulting from the accreditation process.

## The cycle of activity

Typically, an external evaluation programme extends over three to five years in a cycle of activity involving

- (1) organisation-wide self-evaluation,
- (2) development of a quality action plan to comply with standards and
- (3) an organisation-wide on-site external evaluation. In this evaluation external peer surveyors rate the organisation’s performance against the standards and criteria.
- (4) The evaluation may reveal that there are performance gaps. These are described in a report that provides the organisation with information needed to close the gaps. When this has been done there may be another external evaluation or a periodic review.
- (5) If the organisation meets the requirements, an evaluation decision is made and valid for a certain amount of time.
- (6) Usually, the succeeding cycle of activity for re-evaluation equals the duration of the decision’s validity.

Implementing the standards is an essential part of the programme. In this part the organisation implements and integrates interventions to comply with the standards. The evaluation itself is an important rewarding and sometimes disappointing moment in the programme. The quality of the surveyor's observations, reporting and feedback influences the organisation's ultimate experience with the programme. However, it is in the preparation and follow-up phase where enabling or inhibiting quality growth is determined.

### **Context of external evaluation programmes**

An external evaluation programme can serve both the purpose of assessing that consistent quality of care is delivered and to show that there is continuous improvement. As is described in section 2, some of the standards may address already expected performance, in other words they serve to bring up the performance of starters and the low performers and to maintain confidence in a guaranteed level of quality assurance. Others may be designed to raise everyone's performance to new levels. In both cases, the organisation may want or need a certificate to demonstrate a favourable outcome of the evaluation.

However, external evaluators and the evaluated organisations may have different perceptions of the purpose of the programme. When external evaluation is formally or de facto mandated, the perceptions of the organisation are likely to be biased towards quality assurance. The intended outcome may not *per se* be improvement, but that the assessed organisations meet the standards after participating in a cycle of the accreditation programme. External evaluation can be used by governments as regulatory measures to support the spread of certain good practices [20, 21], or even to enforce compliance with statutory requirements. It cannot always be taken for granted that organisations meet what they should meet. Requirements may not be well known, well understood or well implemented, and may even be ignored. In case of a regulatory driven programme, the sustainability of the achieved results can be questioned. Typically, physicians may dismiss external evaluation as irrelevant and incentives for excellent safety and continuous improvement are lacking [22].

When external evaluation is voluntary, organisations expect added value from the programme, whether it is a first or succeeding cycle. Their aim is to grow in their ability to consistently deliver and improve quality of care, and gradually mature their quality management framework. In addition to improving quality external evaluation may also attract additional services and preferential rates. External evaluation programmes can be considered as an education programme for health care organisations, designed to encourage continuous improvement. As a result of the voluntary nature of the programme no specific tools, techniques, processes or methodological lines are ordered. The organisations are stimulated to develop or discover themselves what fits their organisation best. In this case the purpose of the external evaluation programme is explicitly to stimulate ongoing quality improvement and transfer of knowledge, by using culture focussed standards.

Whether mandated or voluntary, organisations show variation in the process of how they implement and comply with the standards. This is very often a reflection of the safety culture, attitude to accountability and the experienced relevance of the programme to achieve the desired outcomes. Organisations with a positive culture and demonstrated leadership perform better on accreditation than organisations lacking these characteristics [23]. These contextual organisational factors are considered important in enabling or inhibiting quality of care and continuous clinical improvement, independent of the quality of the evaluation standards.

It is thus evident that external evaluation cannot be treated as one totally generic concept. Any research and any translation of research findings must take into account the specific context of the involved external evaluation programmes.

## 4. Challenges and perspectives for the future

Since the beginning of healthcare accreditation, the world has changed significantly, and consequently both the external evaluation organisations and their clients have identified important challenges that must be met for accreditation to remain relevant [24, 25]. Healthcare is and will increasingly be under pressure, due to massive ageing and comorbidity in developed countries with multiple disease burdens, increasing non-communicable diseases and poverty in developing countries and enormous challenges in finding and keeping the human resources needed. At the same time, rapidly developing technical changes offer solutions and extra challenges. In order to face these challenges, three key response areas for external evaluation are identified: adaptation; engagement of staff; and evaluating the patient journey through the whole system.

### **Quest for continuous quality improvement: one size does not fit all**

In all parts of the world healthcare resources are under pressure; even in the richest countries ageing populations and rising expectations for what healthcare should achieve generate a constant tension between resources and demands – the possibilities are ever-expanding. This means that all activities not directly related to patient care must accept being under scrutiny and must strive to deliver the same or a better effect for less costs.

On the other hand, we maintain that it is worthwhile spending some time in the back office. Not all time away from patients is wasted. A system needs to track and understand its quality performance to be able to maintain and continuously improve it, just as much as it needs to track and understand its financial performance.

Over time the focus of external evaluation is expected to shift from structure and process towards outcome (Figure 1). On the other hand, we maintain that outcome cannot be understood and improved, if you do not understand the drivers that determine it. Consequently, structure and in particular process will never cease to be included in external evaluation designed to promote quality improvement.

External evaluation must take into consideration the level of maturity of the quality management framework it evaluates. Organisations that have gone through multiple cycles of external evaluation may need something different than those who are undergoing their first accreditation, and that maturity may vary within the same organisation. Even high performers should be challenged to improve further, but also encouraged to put in the right amount of effort to sustain what has already been achieved.

### **Quest for personnel: staff involvement through continuous evaluation, causing minimal burden**

The way in which quality performance is evaluated, needs to be agile and of minimum impact to the organisation being evaluated. Therefore, evaluation needs to be more context dependent, region specific, with flexible standards and varying levels of achievement, depending on the context. In many jurisdictions, healthcare providers have achieved accreditation multiple times. If these providers are evaluated by essentially similar standards again and again, a ceiling effect must be expected, as illustrated in Figure 1. Staff and management time may also be wasted, if too much time is spent on checking and double checking what already is well integrated.

To enhance a culture for continuous quality improvement the organisational buy-in is essential. Healthcare professionals are intrinsically motivated to deliver the best possible care to their patients. Checking and double checking does not add to this and motivation will be lost. External evaluation standards must therefore reflect items that will help staff to deliver safe care and strive towards continuous quality improvement.

The way in which the standards are evaluated, should reflect that one size does not fit all and should consider a minimum impact on healthcare delivery. In an article published in the International Journal for Quality in Health Care in December 2020 [26] it is envisioned that external evaluation in 2030 will take place in a continuous manner, by collecting and evaluating outcome measures and by performing short unannounced surveys, possibly extended with virtual surveys. This results in an external evaluation programme that generates a large sample

of up-to-date information, without putting a burden on the organisation (or multiple organisations as part of a patient's journey) being evaluated.

### **Focus on the patient's journey: external evaluation beyond organisations**

The relevance of looking at organisational performance in isolation to other parts of the health system is diminishing. When speaking of person-centredness it is essential to recognise, in the set-up of external evaluation programmes, that healthcare (especially for patients with chronic conditions) is often delivered by several providers that may only be linked in a loose network or not at all. From the point of view of clients and patients the important question is not whether each provider 'does their job', but whether the quality of the continuum of care delivered is assured. External evaluation must be able to evaluate this and (1) direct its focus towards transitions in the person's health journey and (2) incorporate end users' input and judgement in the evaluation.

This means that 'ecosystems of care', instead of organisations, are the subject of external evaluation. It also means that patients and families will participate in external evaluation in a much broader sense than as auditees. They take an active part in writing standards and in evaluating them. The language of external evaluation will also need to change, avoiding jargon and acronyms.

## **5. Conclusion**

External evaluation programmes of the future should not be designed based on dogmas on how external evaluation programmes should be, but based on the purpose, for which they will be used, and the context, in which they are used.

The present evaluation methodology, using on-site peer surveyors interacting directly with staff and management, has served its purpose well – it can be used in environments where not much quantitative information is available. It provides an opportunity to transfer knowledge and insight directly. External evaluation should not, however, stick dogmatically to the use of this methodology. Adding other methodologies would allow a richer evaluation; the use of big data and artificial intelligence could reduce the burden of the evaluation.

External evaluation aims to predict and improve organisational performance over a broad range of outcomes, including all major types of outcomes relevant to service users and stakeholders. Standards and accreditation surveys cannot cover everything and one size will not fit all. Furthermore, standards should reflect that a complex system cannot be managed solely by requiring compliance with prescribed processes – work-as-imagined [27, 28].

The challenge is that it is easy to write standards as templates and guidance for policies and procedures; it is much harder to capture a system's capacity and capability to locally adapt, adjust, modify and improve work-as-done into a standard that can be evaluated.

External evaluation is a component of an organisation's quality improvement programme and does not stand alone. The activities supporting external evaluation should be ongoing, the standards utilized on a regular basis, the identification of gaps and strategies to improve become a way of working for the teams. Other quality improvement strategies will be complementary. Together the comprehensive plan will enable excellence in organisation performance and patient outcomes.

The COVID-19 pandemic has been a reminder that the ability to adapt to major events, changing the context of the system suddenly and drastically, is an important quality parameter. It has also shown that innovations add new pressures and demands on external evaluation organisations. External evaluation programmes must reflect the digital era, growth of artificial intelligence and telehealth with new standards and methodologies, integrating outcomes into the process and incorporating patient judgments into the evaluation process.

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Name	Country / region	Organisation
Rahim Bin Abdullah	Malaysia	Malaysian Society for Quality in Health (MSQH)
Salem Al Wahabi	Saudi Arabia	The Saudi Central Board for Accreditation of Healthcare Institutes (CBAHI)
Moyra Amess	United Kingdom	CHKS
Stephen Clark	Australia	Australian General Practice Accreditation Limited (AGPAL)
Alexia Costa	Brazil	Instituto Brasileiro para Excelência em Saúde (IBES)
Rubens Covello	Brazil	IQG
Carsten Engel	Denmark	The Danish Institute for Quality and Accreditation in Healthcare (IKAS)
Fabio Leite Gastal	Brazil	Organização Nacional de Acreditação (ONA)
Yuichi Imanaka	Japan	Japan Council for Quality Health Care (JQ)
Salma Jaouni	Jordan	Health Care Accreditation Council (HCAC)
Atul Mohan Kochlar	India	National Accreditation Board for Hospitals & Healthcare Providers (NABH)
Bruno Lucet	France	Haute Autorité de Santé (HAS)
Karen Luxford	Australia	The Australian Council on Healthcare Standards (ACHS)
Michael Murray	Canada	College of Physicians and Surgeons of British Columbia, Diagnostic Accreditation Program (CPSBC DAP)
Kresimir Antonio Paliska	Slovenia	American Accreditation Commission International (AACI)
Joel Roos	United States of America	Joint Commission International (JCI)
Jacqui Stewart	South Africa	The Council for Health Service Accreditation of Southern Africa (COHSASA)
Leslee Thompson	Canada	Accreditation Canada / Health Standards Organization (AC / HSO)
Ellen Joan van Vliet	The Netherlands	Qualicor Europe
Pa-Chun Wang	Taiwan	Joint Commission of Taiwan (JCT)
Ann Wunsch	Australia	Aged Care Quality and Safety Commission (ACQSC)



International Society for Quality in Health Care  
Huguenot House, 35-38 St. Stephen's Green Dublin 2 D02 NY63

Ph: +353 1 670 6750

Web: [www.isqua.org](http://www.isqua.org)

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