

Implementation guidelines for effective management of hospital accreditation

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Abstract

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The introduction of accreditation in the health sector assumes that the management of health care facilities is ready for such a task. The preparation of management should be helped by guidelines, which will make hospital managers familiar with individual steps of preparation for successful accreditation. Overall, they should help hospital management to avoid unnecessary mistakes and losses. This paper involves the development of a set of guidelines intended to help hospital management prepare for accreditation. The implementation guidelines were prepared according to a summary of suggestions taken from international literature and the pilot study of accreditation in Slovakia. The experience of countries with a long history of accreditation is utilised. These guidelines divide the preparatory phase into ten steps. (Fig. 2, ref. 13.)

Key words: accreditation, health sector, guidelines, hospital management.

This paper involves the development of a set of guidelines intended to help hospital management prepare for accreditation. It is set against a background of the development of the quality movement in health care, and its introduction in Slovakia.

According to Rooney (1999), in the past decade, the quality movement that has been embraced by the service and manufacturing sectors has spilled into the health care sector.

“The fundamental quality assurance and improvement theories, as well as the comprehensive quality management approaches of Total Quality Management (TQM) and Continuous Quality Improvement (CQI), are finding their way into the daily operations of health care organisations around the world. At the same time, many countries are attempting to efficiently manage excess capacity in their health system and rein

Abstract

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Realizačné postupy pre efektívny manažment akreditácie nemocnice
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Zavedenie akreditácie do zdravotníctva predpokladá, že manažment zdravotníckych zariadení je na to pripravený. Príprave manažmentu môžu pomôcť postupy, ktoré oboznámia manažment s jednotlivými krokmi prípravy na úspešnú akreditáciu. Predovšetkým môžu pomôcť nemocničnému manažmentu vyvarovať sa zbytočným chybám a stratám. Táto práca sa zaoberá vývojom sady postupov usilujúcich sa pomôcť nemocničnému manažmentu pripraviť sa na akreditáciu. Realizačné postupy boli pripravené podľa súhrnu vybraných návodov z medzinárodnej literatúry a z pilotnej štúdie akreditácie na Slovensku. Zpracované sú aj skúsenosti z krajín s dlhou históriou akreditácie. Prípravná fáza je rozdelená postupmi na 10 krokov. (Obr. 2, lit. 13.)

Kľúčové slová: akreditácia, zdravotníctvo, postupy, nemocničný manažment.

in total costs. The hope is that this can be done without deterioration in the availability and quality of health care services” (Rooney, 1999).

Also, evident around the world is the movement to provide services to patients in less costly ambulatory care and community-based settings. Such changes are accompanied by the high expectations that improvements in access to health care, greater efficiency in delivery of services, and ultimately improvement in the health. Patients do not commonly have sufficient information to effectively navigate through repeated changes. Information is needed to help identify sources of care that meet certain quality expectations.

These and other factors have created a climate in which decision makers at all levels are seeking objective quality evaluation data on health care organisations. Licensure, accreditation, and

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certification are systems available to meet the need for quality and performance information. These systems have different purposes and different capabilities. Selecting the right system or combination of these systems requires careful analysis of user needs and expectations. These generally applicable facts have fully presented themselves in Slovakia.

An organisational audit was suggested by Committee for Hospital Accreditation in 1998 as a form of hospital accreditation for Slovak hospitals. A draft of standards, an organisational manual, developed by a group of multiprofessional experts is in the annotation process before recommending it for use. This organisational manual will be distributed to every hospital which shows interest in gaining a positive accreditation result. The proposed validity of accreditation is from 4 to 5 years. A definite verdict regarding the interval of surveys and the responsible institution should be specified by Ministry of Health (MoH) within 6 months. Surveys will be performed by trained surveyors. They will also serve as a helping hand in preparing hospitals for accreditation through counselling (consultation). A good preparation for accreditation of a hospital is estimated to take 6–8 months of work of the whole hospital staff. It will also mean financial expenditures, but these may bring savings later on.

Two years ago MoH began with research of the quality of healthcare. The research was followed by recommendation from National policy for Continuous Quality Development (CQD). The results showed that in hospitals there is nobody who would deal with quality as such because everybody appeared to be working with maximal quality possible. Thus, MoH ordered hospitals to delegate one employee to be the quality agent, who would work in accordance with the World Health Organisation (WHO) and Council of Europe (EC) recommendations. This request has, due to insolvency of hospitals, only been executed formally, without real impact. No lectures about CQD, nor development of quality on a longer time scale have been performed. Education of hospital management in the field of quality was only being offered by Slovak Postgraduate Academy of Medicine (SPAM) and Health Management School (HMS) and only marginally (Rusnáková and Bachárová, 2001). MoH is trying to fulfil this year's government action plan, and is planning a beginning of the accreditation process in the health sector.

The introduction of accreditation in the health sector assumes that the management of health care facilities is ready for such a task. The training process, according to Al-Assaf (1999), should include providing workshops on quality awareness, problem-solving and process-improvement skills and tools, setting and communicating standards, monitoring methodologies, team-building and coaching skills as well as customer service. The preparation of management should be helped by guidelines, which will make hospital managers familiar with individual steps of preparation for successful accreditation. Guidelines should help explain individual steps necessary when preparing hospitals. They should point to a succession of steps which cannot be omitted. Overall, they should help hospital management to avoid unnecessary mistakes and losses. The guidelines were prepared according to a summary of suggestions taken from international literature and the beginning of accreditation in Slovakia. The experience of countries with a long history of accreditation is utilised. These guidelines divide the preparatory phase into ten steps.

Implementation guidelines

- I) distribute the standards to the right people,
- II) appoint at least one person to pull together all the activities necessary to ensure the standards are met,
- III) get the doctors to take part and to appreciate the reasons for accreditation — without their help the exercise cannot work
- IV) make sure the managers are committed,
- V) do an internal assessment of how well the organisation complies with the standards,
- VI) identify where the standards are not complied with and devise action plans to achieve them,
- VII) make sure that every one understands what they have to do to achieve the action plan,
- VIII) undergo another internal review to make sure standards are achieved,
- IX) make sure that people understand the survey is only one part of the process and not the end or the main part,
- X) make sure that people get feedback and management support after the survey.

These steps will now be discussed individually.

Guidelines with educational comments

Step I. A precondition to the accreditation is the existence of approved standards which the comparatory process will follow. Accreditation systems, based on sets of standards which draw from the known best practice, provide a means for providers to compare their performance over time, and with others. But accreditation systems have also been used to signal high achievement and good practice. Successful participants in accreditation have been able to reassure purchasers that they are providing high quality care. Purchasers want to be able to both assess what they are buying for their money and to be reassured that they have made a good deal. According to Scrivens (1995), standardisation denotes an accepted and expected level of organisational behaviour. There are two different approaches to the construction of standards. One is to write detailed statements which are each standards in their own right. The other is to devise more general standards and to assign assessment criteria which enable the judgement of compliance to be made.

A multiprofessional working group prepared a new draft of standards and sent them for approval to the Accreditation Committee under Ministry of Health. After a decision of the Committee, the accreditation process can start. Standards will be distributed to all hospital CEOs who express interest in participating in the accreditation process. They will also receive, together with standards, an invitation to a seminar during which the responsible authorities will be informed about the method of implementation for the accreditation process

Step II. Every hospital general director (CEO) willing to participate in accreditation will appoint a person who will be responsible for quality development in that hospital. This "quality agent" will also co-ordinate the preparation of the hospital for accreditation. The quality agent will, together with the hospital's CEO, take part in a seminar for key hospital managers. Participation of the CEO is vital for securing support of the hospitals' leadership for necessary improvements in quality related to the

implementation of the accreditation process. The choice of an appropriate quality agent is important in relation to the credibility and responsibility of the upcoming accreditation. A person from senior management has more possibilities of co-operation with other top managers. In any case, it is important for the CEO to attract everybody from the executive board for co-operation for achieving a positive result in accreditation and CQD.

Step III. In Slovakia, doctors usually form a major part of the hospital's executive staff and participate in developing strategy. Therefore, their active role in the preparatory process is obvious. Clinical practice was taken into account in the preparation of the standards and so professionals can play an active role in the accreditation process. There are two elements in implementing a new strategy. The first is to put increasing emphasis on the processes whereby the hospital itself reviews the quality of care being provided. Increasingly, the role of the surveyors is to monitor the way in which the hospitals themselves assess the quality of clinical services being delivered. The second is to move from defining quality in terms of inputs and processes to outcomes. According to the Joint Commission on Accreditation of Healthcare Organisations (JCAHO), reported 1996, the intention is to move accreditation from asking "has the hospital the capability for producing quality care?" to asking "does the hospital provide quality care?". The indicators focus on patient care, and also focus upon integration of services and the collaboration of professionals in providing care. The end product should be a greater involvement of the clinical colleagues in the accreditation process.

Step IV. The motivation to comply comes from a number of different sources: the need to belong, fear of letting colleagues down, fear of failure, an innate desire to do better. The motivation is fostered by the attitude of managers towards the accreditation process. Standards with interpretation from surveyors can help managers to detect areas of potential risk. Here the surveyors can use the standards to diagnose problems in the organisational structures and processes which may put the organisation and its patient at risk. The prospect of accreditation can create a feeling of enthusiasm and excitement which the managers are able to use to create changes. According to Scrivens (1999), the tool to create interest and enthusiasm for change within the hospital can have the effect of boosting staff morale. For these reasons it will not be necessary to persuade hospital managers about the necessity of their participation in the process of accreditation.

There are considerable differences in the perception of the role of accreditation. The interpretations vary from a badge of achievement, to a management tool to create change. Accreditation began as a process of self-education but gradually managers began using accreditation as a process of quality control and assurance. Proving quality of care offered, and therefore improving market place is the main function of managers. This can only be proven in close co-operation with clinical staff, whose participation is crucial.

Step V. After being acquainted with the standards, responsible workers of individual units will relay their knowledge to their colleagues. They will then together assess the situation of their unit. They will do an internal assessment of how well the unit complies with the standards.

The audit loop can be illustrated: Fig. 1.

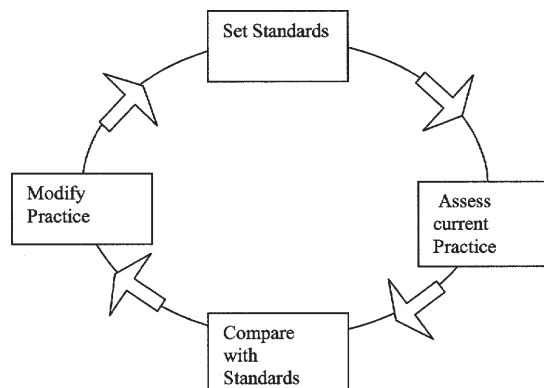


Fig. 1. Illustration of the audit loop.

Quality improvement requires resources in terms of staff, time and money. Systematic quality improvement should become an integral part of daily work. However, it may be necessary to provide extra time and money for professionals in hospitals and practices as well as staff and expert support for specific quality improvement tasks. There is also a need for resources to provide education on CQD and for the tools necessary for quality improvement, such as the establishment of databases, protocols, clinical guidelines. Quality improvement activities should be seen as a long-term investment. The results have a potential cost-cutting effect by helping the health care system to avoid unnecessary and inappropriate procedures, errors and complications. Thus, on the whole, improving the quality does not necessarily cost more in the long run.

Education is vital if the staff is to understand the process of systematic quality improvement. It is an investment activity. Learning how to improve should be an integral activity of health care teams and organisations. The climate of the organisation can help in promoting the culture of lifelong learning amongst staff. Professional development should be a lifelong process of learning. The results of internal assessment of all units will be evaluated by a steering committee, which will then decide on a follow up action plan. In the case of confusion, the quality agent can ask for advice from a surveyor from the accreditation agency.

Step VI. By comparing local results with the standards, it can be determined where compliance has not been achieved. Differences will require suggestions for redesigning procedures and devising action plans to achieve them.

Healthcare institutions have the responsibility to assure and improve good quality of patient care systematically through Quality Improvement Systems (QIS). According to the Council of Europe (CE) 1997, "QIS may be defined as a set of related and planned activities and measures, at various levels in the health care organisation, aimed at continuously assuring and improving the quality of patient care. These can be seen as a collection of procedures, measures and actions aimed at assuring that patient care meets specific criteria now and in the future" (Council of Europe 1997).

These procedures and actions are concerned with the complete care provision process. Process should include activities from

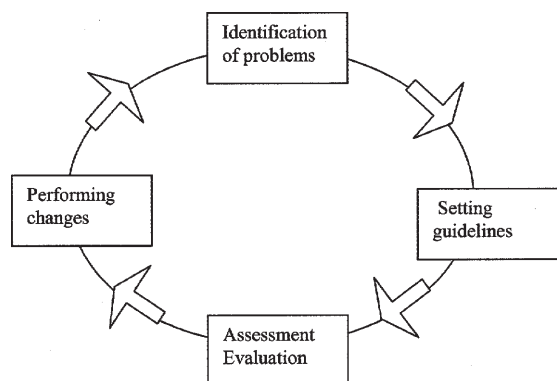


Fig. 2. Improvement process is basically concerned with four related activities.

identifying a patient needs to the outcomes of actual care. According to the CE (1997), such systems have two functions, an internal and an external. For the care providers they are a tool for continuous learning and improvement of care. For society the systems demonstrate how a care provider manages quality improvement. Self-assessment and internal evaluation are crucial for the first goal. Second goal demands external evaluation of the system. QIS consists of various interrelated activities performed with effective and feasible tools. The activities performed are part of a continuous cyclic process integrated in daily work.

Such a process is basically concerned with four related activities: Fig. II.

Quality improvement activities taken in this cyclic process may differ according to the type of healthcare. Discovered shortcomings will have to be settled in accordance with the functional guidelines or steps newly suggested by professionals. The role of managers will be to devise action plans to achieve them.

Step VII. It is not enough to focus only on what is to be changed. It is necessary also to know, that everybody understands what is his/her part of the work needed to achieve the action plan. According to Wenzel (1992), it is a precept of Continuous Quality Improvement (CQI) that workers want to perform to the best of their ability when given the appropriate support. Every identified defect is another opportunity to improve. Japanese's philosophy called "kaizen", whose spirit is captured in their concept that "every defect is a treasure", was a core idea for the continuous process of evaluating performance. According to Wenzel (1992), the profession itself is the principle knowledgeable customer of the content quality of medical care. For this reason, CQI appropriately ensures the profession's continued leadership role in the evaluation of its own performance. Applications of CQI to healthcare stress the key role of the professions in evaluating the content quality of each professional's work. For example, physicians evaluate physicians. Managers can not forget their role of coordinators in the process of implementing the changes and securing necessary resources. Similarly important is the motivation of employees for reaching the planned change. Importantly enough, accreditation gives opportunities to all members of staff to participate, leading to far better communication and understanding of their day to day activities.

Step VIII. After implementing the change, it is necessary to undergo another internal review to make sure standards are achieved. This will be done by competent workers of individual units, together with the quality agent. Naturally, all staff who are participating in the change have to be informed about the result of their initiatives. It is important for all to be aware that this is no exercise but an excellent opportunity to review not only established standards but demonstrate a commitment to review all ideal standards in the future giving the hospital a high quality level of care. After approval of the internal review the hospital is ready for the external survey. Most health care accrediting bodies use a variety of evaluation approaches during the on-site survey in order to determine the healthcare organisation's compliance or performance with applicable structure, process, and outcome standards. These methods might, according to Rooney (1999), include any combination of the following:

- Leadership interviews
- Clinical and support staff interviews
- Patient and family interviews
- Observation of patient care and services provided
- Building tour and observation of patient care areas, building facilities, equipment management, and diagnostic testing services
- Review of written documents such as policies and procedures, orientation and training plans and documents, budgets, and quality assurance plans
- Evaluation of the organisation's achievement of specific outcome measures through a review and discussion of monitoring and improvement activities
- Review of patients' medical records.

The surveyor's evaluation findings are then analysed to determine whether the hospital meets an acceptable threshold of compliance in order to be awarded accreditation. Since the focus is on continuous improvement of organisational systems and processes, the on-site survey is often consultative and educational, as well as evaluative in nature. Surveyors are often able to offer recommendations regarding "best practices" at other similar organisations. In the same way, surveyors are able to make suggestions on quality approaches that the organisation might want to adopt in the future.

Step IX. According to the WHO (1993), "continuous quality development (CQD) is a dynamic process that identifies and uses the best health care outcomes to achieve superlative practice; it encompasses the generally used concepts of quality control, assessment, improvement and assurance." (WHO Regional Office for Europe 1993).

Quality improvement is undertaken as a continuous process. On the one hand this implies that important aspects of care are continuously checked on quality and improved when needed. On the other hand it means that new aspects are continually selected for quality improvement. It is built in and integrated in normal care processes.

The development of indicators for quality of care concerns providers, users, and funders of the healthcare services. Optimally, these indicators should be prepared by all of them. Good indicators are scientifically based, relevant to health outcomes, understandable, and ethically acceptable. They must be measurable and feasible to use for monitoring and improving healthcare ser-

vices. The development and choice of indicators for quality of care must be based on information about both the effectiveness of medical care intervention and the present level of achievement in the healthcare system for which indicators are being set. Public accountability of QIS should be, according to the CE (1998), examined through objective external assessment by independent bodies and appropriate communication of the results. The results of external assessment should be used to support continuous internal evaluation and improvement.

According to Argyris (1995), when developing a hospital into a learning organisation, it is essential to recognise how the scientific method itself may inhibit the finding of daily truth and actionable knowledge. Quality systems and performance indicators only result in quality improvement when they facilitate learning. For doing this they need a "glue" to hold it all together, consisting of the motivation of the subjects of change and improvement. In this respect, according to Klazinga (1998), many industry-based texts on Total Quality Management (TQM) and Continuous Quality Improvement (CQI) seem of limited use, as they deal only with the engineering aspects of quality improvement. In Slovakia, many managers and policy-makers in the health care field still feel more comfortable with traditional control-based management styles. The growing interest all over the world in indicators, accreditation and certification has little to do with enlightened policy-makers but everything to do with a search for new control mechanism to contain the cost and quality of healthcare. Both in theory and in practice, linkages between measurement and motivation for improvement of quality in healthcare are still weak. The implementation of practice guidelines, quality systems and accreditation programmes needs a lot of additional effort and research. There is, however, a substantial amount of empirical evidence and experience world-wide that can be used as a means of narrowing down the gap between measurement and motivation. It is important for everybody to understand that the survey is only one part of the process and not the end or the main part. This is also supported by Hermann (1997) who says, that there is no such thing as staying the same. You are either striving to make yourself better or allowing yourself to get worse.

Step X. After the survey, the CEO receives results and feedback from the accrediting body. The health care organisation receives a detailed written report, which depending on the policies of the accrediting body, may or may not also be disclosed to the public. Frequently some type of follow-up action or improvement is required when problem areas or opportunities for improvement are noted during the course of the accreditation survey. In addition, some form of special designation, award, or certificate is typically given to the organisation. It is important to share findings with all staff. The feedback and management support after the survey is an integral part of CQD. Measurement and motivation are both necessary ingredients for quality of care. It is surprising how many quality initiatives fail, because this simple truth is not taken into account.

First to the measurement. Medicine is characterised by two mutually enforcing trends of rationalisation: the "scientisation" of medical decision making (evidence-based medicine) and the "engineering" of care delivery. The two trends seem complementary. Practice guidelines and clinical indicators are often weak in prescribing and monitoring organisational issues. What

is needed, according to Klazinga (1998), are quality systems, owned and used by the professionals and constructed on the basis of the both evidence-based medicine and industrial engineering in a context where the goals for health care are clear, and responsibilities are assigned. These quality systems are a support tool for health professionals on the one hand and an instrument for accountability on the other. Both ask for mutual trust and the respect of professionals, patients, managers and policy makers. It takes real leaders in healthcare to use the measurement mandate wisely.

Second, regarding motivation. Motivation of health care professionals is linked to status, self-fulfilment, and emotional as well as financial reward. Psychology and sociology play a dominant role. According to Klazinga (1998), theories on organisational sciences, — "the professionalisation and management of professionals" — stress the role of health professionals as knowledgeable workers who ask for professional autonomy and the specific leadership styles of health care managers.

The threshold for determining whether or not the healthcare organisation is accredited must be based on pre-determined rules that are consistently applied in order for an accreditation program to maintain its credibility and enjoy the public's and healthcare professionals' confidence. Processes to protect the accreditation decision from political and professional influences are essential to establish. There still is a lot to be done in Slovakia in this field and this work will not be easy. One mechanism to accomplish this is the publication and distribution of explanation of the standards' intent, as well as the decision rules, so that any interested individual organisation knows exactly what level of compliance to the standards is needed to achieve accreditation.

Conclusion

During times of rapid and dynamic change in the health care sector, it becomes critically important to ensure that quality is at least maintained at its current level and does not deteriorate. New insurance mechanisms, restructuring and health reform initiatives, privatisation within the health sector, redistribution of human and other resources, reduced public funding, new technology, and many other factors may raise concern for the quality of health care in the Slovak Republic. Those accountable for management of change in the health sector are seeking to implement quality monitors to preclude unexpected or undesirable changes of quality.

Accreditation has been proposed in Slovakia as one of various forms of securing the quality of rendered health care. A group of professionals from all necessary areas was trained for the job of auditors – surveyors. A proposal of national standards for organisational audit was prepared. Also, a pilot study of hospital accreditation has been carried out using this draft of standards. Now it is necessary to let the public know about the accreditation of hospitals and to prepare the employees of hospitals for the accreditation process. The first aim of the project discussed in this paper was to set-up guidelines aimed at helping hospital management prepare for accreditation. Intelligibility of guidelines and their possible usage had to be tested in practice. Education and training are factors contributing to these processes. Qualified

healthcare workers can contribute to healthcare reform and the national debate about the needs, values and effectiveness of HC sector, including redefinition of priorities, effective utilisation of resources, the use of formal systems such as audit for critically analysing the quality and acceptability of care. This will create rational basis for planning and implementing change (Bacharova et al., 2000, 2001).

Carefully written guidelines can ensure hospital managers that the Slovak standards have relevance internationally and accommodate cultural and legal differences valid in Slovakia. At the same time, guidelines can also give hope to hospitals. Having good guidelines drawn up, it is possible to start doing something for the future. Guidelines are an important step in establishing an accreditation program in Slovakia.

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