



SAMA
CONFERENCE
2019



8 - 10 AUGUST 2019
DURBAN

Leadership & Quality
in Healthcare
Let's close the gap

How does Accreditation of
FPs improve Quality?

Prof MN Chetty

What is Accreditation?

Accreditation - environment of Care.

- Review of the clinical, operational and management systems in the physician's office.
- Office procedures, policies, staffing and staff performance.
- Assessment of completeness, accuracy and legibility of medical records.



What is Accreditation?

- ▶ Accreditation is one method utilized to improve the Quality of Healthcare.
- ▶ In General Practice it typically applies to FP's work setting (practice and clinics) in recognition of delivery of General Practice Services of the degree of compliance with STANDARDS.
- ▶ All services in a practice [Traditional Accreditation] or specific selected services [Focused Accreditation] may be accredited.
- ▶ Accreditation reviews, assess "measurable" performance, or capacity to perform against predetermined and explicit standards/norms that FPs and other stakeholders have produced.
- ▶ Accreditation - environment of Care.
 - ▶ Review of the clinical, operational and management systems in the physician's office.
 - ▶ Office procedures, policies, staffing and staff performance.
 - ▶ Assessment of completeness, accuracy and legibility of medical records.





STANDARDS

- ▶ Standards refer, first to predetermined qualities required or expected of practices.
- ▶ Standards can vary in explicitness
 - ➔ In Australia, for example, practice standards are stated explicitly, with specific criteria prescribing how standards are met.
- ▶ Empirical Standards describe qualities that practices have achieved. These standards, can refer to performance rates, such as the percentage of practices that comply with a particular criterion.



BENEFITS of Accreditation

Accreditation can truly demonstrate a commitment to providing high Quality, Safe and Effective care for the patients.

Reducing costs associated with Medical Errors and System Failures.

Results suggest that accredited Primary Care organisations were more cost-effective than those who were not accredited.
=> producing better outcomes of care.

Results may include recommendations for Continuous Improvement of Safety and Quality in the practice.

It offers a credible measure of Quality and Safety in Healthcare Delivery.

- ▶ It currently is described as (in some countries) a voluntary but formal process of self assessment and external and independent Peer Review.
- ▶ Some countries have chosen accreditation as a means of measuring, reporting and promoting Quality and Quality Improvement in Primary Care.
- ▶ It is usually associated with Acute Care Sector, to improve patient outcomes.
- ▶ What is not known because of **scarcity of Research** is the extent to which QI processes and Accreditation in Primary care affects:
 - ▶ Outcomes of care in accredited practices
 - ▶ Patients' perception of care in accredited practices [PREMS / PROMS]
 - ▶ Care utilization
 - ▶ Perception of Primary Care Providers in accredited practices by patients.

Concepts with which voluntary accreditation may be confused

Certification

- A process by which Government Authority grants permission to an individual or to engage in an occupation or profession.
- Licensure regulations - an individual meets minimum standards to protect public health and safety.
- Usually granted after some form of examination or proof of education and may be renewed periodically.

Concepts with which voluntary accreditation may be confused

Privileging

The granting of privileges to a practitioner will define the scope of permitted activities the practitioner may engage in while in the facility.

Concepts with which voluntary accreditation may be confused

- ▶ **Certification:** This is a process by which an authorized body, either Government or non-Government organization, evaluates and recognized either an individual or an organization as meeting predetermined requirements or criteria.
The term *Accreditation and Certification* are used interchangeably, accreditation applies only to organizations or facilities, while certification may apply to individuals as well as to organizations.
- ▶ **Credentialing:** A process where an employer, most frequently a hospital or health maintenance organization (HMO), verifies that a practitioner has the required education, training and experience to practice in the state/country.
Credentialing is usually done when a practitioner is first employed with an entity and may be updated periodically.
- ▶ **Accreditation:** This is a formal process by which a recognized body, usually non-Governmental Organization (NGO), assesses and recognizes that a health organization meets applicable predetermined and published standards.

Concepts with which voluntary accreditation may be confused

- ▶ **Licensure:** A process by which Government Authority grants permission to an individual or to engage in an occupation or profession.
Licensure regulations - an individual meets minimum standards to protect public health and safety.
Usually granted after some form of examination or proof of education and may be renewed periodically.
- ▶ **Privileging:** The granting of privileges to a practitioner will define the scope of permitted activities the practitioner may engage in while in the facility.

Some Types of Accreditation in Primary Care

- 1 Developed in extension of Hospital Accreditation systems (JCAHO)
- 2 Developed to address particular services (e.g. NCQA)
- 3 Focussing on the competence of the provider rather than the organization (e.g. AMA)

Examples of national programmes for practice accreditation



- ▶ Royal College of General Practitioners' (RCGP) team based practice accreditation programme.
- ▶ King's Fund health quality service programme for primary healthcare teams.
- ▶ Northumberland local accreditation programme.

Examples of national programmes for practice accreditation



- ▶ Royal Australian College of General Practitioners (RACGP) entry standards for general practice



- ▶ Royal New Zealand College of General Practitioners (RNZCGP) practice accreditation standards
- ▶ Te Wana quality programme

Examples of national programmes for practice accreditation



- ▶ American Medical Association
- ▶ Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

Table 1: Approaches to external quality assessment in general practice

	Aim	Rationale	Method	Outcomes
Peer review of professional performance	Assess professional performance of individuals and/or practice team	Professionals can self-regulate to improve professional performance	Systematic site visit and peer review	Assessment report. No certificate of achievement
Practice accreditation	Assess organisation and delivery of specific practice services	Practices need to demonstrate public accountability	Peer assessment against explicit standards	Accreditation of practice and development of systems necessary for quality improvement
Excellence model	Promote total quality management	Quality improvements and excellence can be achieved through quality management	Framework for self-assessment and award schemes	Systematic quality improvement and quality awards
International Organization for Standardization (ISO) model	Implement international norms for quality systems	Quality systems and management processes can be strengthened and standardised to achieve efficiencies	Audit by ISO experts, not peers, against generic, international standards	Certificate of compliance with standards, not intended for organisational development

What is Practice Accreditation meant to achieve?

Practice Accreditation can have at least 5 purposes



Protects public safety and meets demands for increased openness and accountability to the Public (patients, tax payers)

Seeks to improve the trust of external parties such as patients, financiers and government.

Quality Control

It also affects the need to eliminate unnecessary and inappropriate interventions, increased equity of access, monitor health outcomes and demonstrate that practices function efficiently, offering value for money.

Enhances the importance of medicine as a Profession and service.

It aids quality control.

In USA, JCAHO evaluates ambulatory care facilities, including Group Practices
- Emphasises the maximum achievable standards.

Regulation

JCAHO is a quasi-regulatory body, whose evaluation for performance improvement often fulfil state licencing requirement and may meet certain Medicare certification Standards.

“OHSC” - in SA.

Quality Improvement

Accreditation of practices allows an entry into or development of elements of a framework of CQI.

Over time the practice team can improve the Quality of the organization and delivery of its services.

Information Gathering

Information can allow FPs to use this measure to support comparison between practices; show level of adherence to standards; highlight opportunities to improve, inform and guide decision making; enhance confidence.

Information made available can also influence behaviour change by Individuals.

Marketing

A marketing benefit may put competitive pressure on practices to gain accreditation and develop programs for Quality Improvement.

In the USA, accredited HMOs may use the accreditation status to market themselves.

Challenges of Practice Accreditation

- ▶ Needs to manage uncertainty over the effectiveness and cost effectiveness.
- ▶ Too many concerns about erosion of professional autonomy.
- ▶ To elucidate and promote conditions under which practice accreditation is appropriate.
- ▶ Practice accreditation can be expensive and is still poorly understood.
- ▶ Funding for accreditation (inspection).
- ▶ Cost of preparation for accreditation
=> 10 - 12 months to prepare plus cost of preparation.
- ▶ Old practitioners not supportive of programs that force changes in their practice.



For Practice Accreditation to develop, gain widespread approval and be of both relevance and benefit to patients, the challenges facing it be made clear.

Internationally, an increasing number of practice accreditation programmes are being developed or are in use to protect and enhance quality and safety in Primary Care.

Factors promoting GP support for practice accreditation

- ▶ Practices face media and public pressure for accountability and competitive pressure as a stimulus for quality improvement.
- ▶ Accreditation is generally assumed to be in the public good, despite the dearth of research evidence.
- ▶ By improving organizational quality, practice accreditation is expected to facilitate the clinical ability of GPs to deliver practice services.
- ▶ Accreditation requires GPs to influence how much control they themselves can have over the development and application of practice standards.
- ▶ GPs see themselves as integral to, rather than independent from, their practices.
- ▶ Practice accreditation represents control not by managers but rather a cooperative constituency of stakeholders, operating by consensus.

Practice accreditation may confer a marketing advantage where, as in Australia and New Zealand, patients have significant choice over which practice(s) to attend and accreditation results can be made known to patients.

Summary

- ▶ Given the dearth of research at present, Greater attention must be placed on examining outcomes of care, results from accreditation, utilization, costs of accreditation.
- ▶ Provider and patient perceptions towards accreditation, as these areas have the greater void in research.

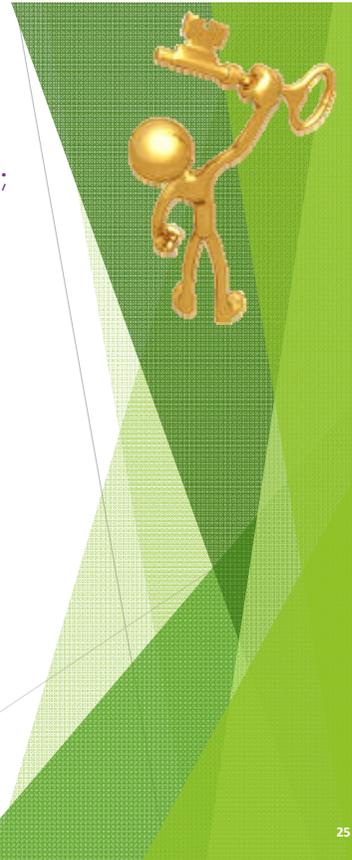
I just need
the main ideas



Key Messages

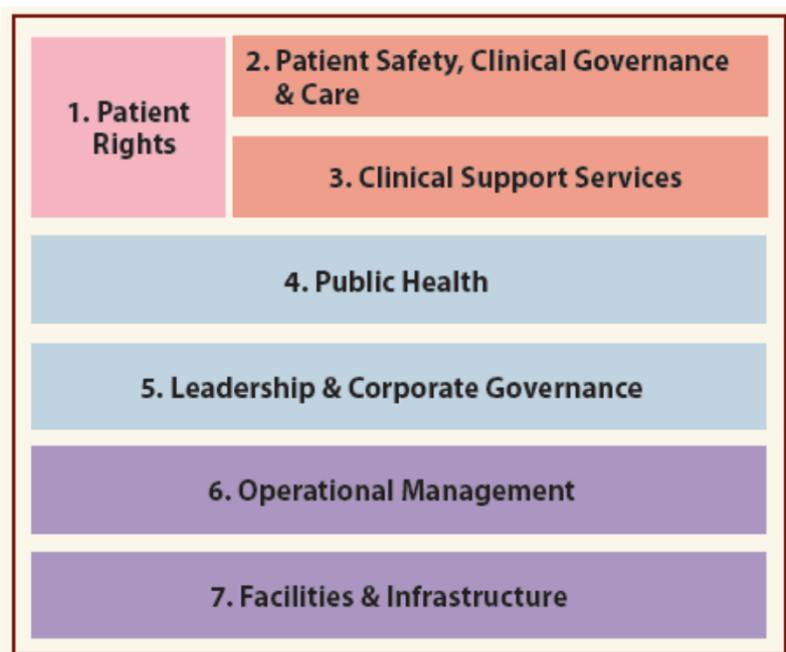
- ▶ Practice accreditation has yet to be widely established in some health systems; concerns persist despite mounting international recognition of its importance.
- ▶ The purposes of practice accreditation can include quality control, regulation, quality improvement, information gathering, and marketing.
- ▶ Challenges include the need for accreditation to demonstrate clinical effectiveness, cost effectiveness and appropriateness and to manage professional concern with losing autonomy.
- ▶ Lessons include the need to reward quality practices, loosen professional control, trade some consistency of standards for validity, acknowledge cultural diversity in the standards, and separate quality control from quality improvement within a systems-based framework.
- ▶ Practices need help to pay for accreditation and quality improvement.

Accreditation will not benefit patients unless it is accountable, contributes to improved quality of care, and patients have access to information about which practices are accredited.



Thank You!

7 Domains of the National Core Standards



Scope of each domain

The domain of **Patient Rights** sets out what a hospital or clinic must do to make sure that patients are respected and their rights upheld, including getting access to needed care and to respectful, informed and dignified attention in an acceptable and hygienic environment, seen from the point of view of the patient, in accordance with Batho Pele principles and the Patient Rights Charter.

The **Patient Safety, Clinical Governance and Clinical Care** domain covers how to ensure quality nursing and clinical care and ethical practice; reduce unintended harm to health care users or patients in identified cases of greater clinical risk; prevent or manage problems or adverse events, including health care associated infections; and support any affected patients or staff.

The **Clinical Support Services** domain covers specific services essential in the provision of clinical care and includes the timely availability of medicines and efficient provision of diagnostic, therapeutic and other clinical support services and necessary medical technology, as well as systems to monitor the efficiency of the care provided to patients.



The **Public Health** domain covers how health facilities should work with NGOs and other health care providers along with local communities and relevant sectors, to promote health, prevent illness and reduce further complications; and ensure that integrated and quality care is provided for their whole community, including during disasters.

The **Leadership and Governance** domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management, supported by the hospital board, clinic committee as well the relevant supervisory support structures and includes the strategic functions of communication and quality improvement.

The **Operational Management** domain covers the day-to-day responsibilities involved in supporting and ensuring delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and of information and records.

The **Facilities and Infrastructure** domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well managed hotel services; and effective waste disposal.

Structure of Domains and Sub-domains

Domain 1. Patient Rights:

- 1.1 Respect and dignity
- 1.2 Information to patients
- 1.3 Physical access
- 1.4 Continuity of care
- 1.5 Reducing delays in care
- 1.6 Emergency care
- 1.7 Access to package of services
- 1.8 Complaints management

Domain 2. Patient Safety - Clinical governance & Clinical Care:

- | | |
|--|--------------------------------------|
| 2.1 Patient care | 2.4 Clinical risk |
| 2.2 Clinical management for improved health outcomes | 2.5 Adverse events |
| 2.3 Clinical leadership | 2.6 Infection prevention and control |

Domain 3. Clinical Support Services:

- | | |
|--------------------------------------|--------------------------------|
| 3.1 Pharmaceutical services | 3.4 Health technology services |
| 3.2 Diagnostic services | 3.5 Sterilisation services |
| 3.3 Therapeutic and support services | 3.6 Mortuary services |
| | 3.7 Efficiency management |

Domain 4. Public Health:

- | | |
|--|---------------------------|
| 4.1 Population based service planning and delivery | 4.3 Disaster preparedness |
| 4.2 Health promotion and disease prevention | 4.4 Environmental control |

Domain 5. Leadership & Corporate Governance:

- 5.1 Oversight and accountability
- 5.2 Strategic management
- 5.3 Risk management
- 5.4 Quality improvement
- 5.5 Effective leadership
- 5.6 Communications and public relations

Domain 6. Operational Management:

- 6.1 Human resource management & development
- 6.2 Employee wellness
- 6.3 Financial resource management
- 6.4 Supply chain management
- 6.5 Transport and fleet management
- 6.6 Information management
- 6.7 Medical records

Domain 7. Facilities & Infrastructure:

- 7.1 Buildings and grounds
- 7.2 Machinery and utilities
- 7.3 Safety and security
- 7.4 Hygiene and cleanliness
- 7.5 Waste management
- 7.6 Linen and laundry
- 7.7 Food services

Structure of the National Core Standards

