




Recognising and Rewarding Quality in Practice



The Extension of Accreditation Programs


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History of Accreditation

- 1880s USA Higher Education
- 1910 USA Ernest Codman "proposed the end result system of hospital standardisation"
- 1951 Joint Commission
- 1975 Joint Commission – Ambulatory Care
- 1997 AGPAL – private general practice as a subset of services delivered at the community level
- 2010 ACSQHC – mandatory practice level accreditation


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Findings 2003 WHO report

- accreditation traditionally developed in hospitals and then moved outwards towards community services and networks of preventive and curative services. The shifting of emphasis towards primary care may reflect a move to population-based medicine
- one programme in three is enabled by national legislation, particularly since the late 1990s, and voluntary accreditation is becoming statutory
- accreditation is moving from a collegial tool of self development to a more regulatory tool of public accountability

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Findings 2003 WHO report (cont.)

- some 80% of the world's reported surveys are undertaken by 20% of the programs
- many programs have yet to reach a critical mass of work and income

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Rapid uptake of voluntary programs is associated with direct financial incentives

Any legislation that mandates quality improvement attracts international interest

The number of programs around the world has doubled every 5 years since 1990

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Traditional 'monopoly' markets no longer have defined boundaries – competition is being encouraged

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Opportunity + Competition + Capability

= Diversification

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The world in which we work

- a. China will soon become the #1 English speaking country in the world
- b. If MySpace was a country it would be the 5th largest in the world
- c. 31 billion searches on Google every month (2.7b in 2006)
- d. More text messages sent every day than the entire population of the planet
- e. 4 exabytes (4×10^{19}) of unique information will be generated this year. That is more than the previous 5000 years.



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Future for Health

- a. Collaborative, multidisciplinary team based care
- b. Focus on prevention
- c. Reduced emphasis on tertiary care
- d. Greater funding on primary health care services delivered at community level
- e. Safety and quality initiatives increasingly directed by government
- f. Proliferation of accreditation organisations

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Future for Accreditation organisations

- a. Capable of rapid deployment
- b. Operating across horizontal and vertical integrated settings
- c. Strong customer focus
- d. Generic model of accreditation contextualised for local needs
- e. Generic model of accreditation benchmarked globally
- f. Paperless – web based
- g. Proprietary resource support offered as a point of difference, *OR*

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Future for Accreditation organisations (cont.)

- h. Establishment of a global resource bank licensed through ISQUA
 - i. Web based
 - ii. Templates
 - iii. Manuals
 - iv. Data aggregation and retrieval
 - v. High level, accurate, authentic support
 - vi. Input into QI policy at national and international levels

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Competition or Coopertition??

– it’s up to us!

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