





## Maintaining the Standard What are the options?

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## Accreditation

- accreditation is a formal process, usually voluntary, by which a recognised body assesses and recognises that a healthcare organisation meets applicable pre-determined and published standards
- historically focused around a peer surveyor visit to assess evidence of compliance with standards
- can be state, regional government or commercially-run
- trend towards mandatory systems.




## Accreditation in Ireland (1)

- voluntary accreditation system based on models developed in America, Canada etc.
- focused on acute hospitals only
- accreditation peer review visit - point in time
- accreditation for three-year period




## Accreditation in Ireland (2)

- issues highlighted during visit - accreditation awarded on basis of focused visit
- continuous Quality Improvement Action Plan developed and submitted 12 months later
- peer review visit 6 months later to review evidence for action plan
- NB: discontinued pending design of new regulatory system that will lead to statutory licensing.



## Accreditation – positive impact

- created a focus on quality improvement
- breaking down of internal barriers
- greater understanding of organisation, being aware of each persons role within the organisation and their contribution to it
- supportive of multi-disciplinary team working
- development of networks within and outside
- improves patient pathway
- evidence of process improvement.



## Accreditation – issues and challenges

- significant commitment required by staff
- requires organisation commitment
- focus on process rather than outcomes - "becomes paper exercise"
- proliferation of inspection and audit processes - overlap with other regulator processes
- focus on set-piece event - visit
- identifying independent peers in a small jurisdiction
- clinician (especially medical) "buy-in".

**System pressures for accreditation programme re-design (1)**

- increasing government interest in driving quality and safety and assessing return on investment
- variable confidence in voluntary systems, but mandatory systems (e.g. linked to reimbursement) may force "gaming"
- need to demonstrate value for money
- organisational "burden" versus value added

**System pressures for accreditation programme re-design (2)**

- need for increased clinical engagement
- consumer expectations for "quality mark" to inform choices
- payer demands
- reputation risk to accrediting bodies of adverse outcomes
- increasing demands for more "accurate" assessments alongside downward pressure on resources and organisational impact.




**Programme design features to drive continuous performance (1)**

- mandatory systems – government or insurer driven
- statutory licensing – market entry and exit
- self assessment – ongoing
- public declaration of compliance
- shift in focus towards assurance systems

**Programme design features to drive continuous performance (2)**

- episodic visits – announced or unannounced
- continuous Quality Improvement Plans with peer review visits to validate plan
- service user engagement – mechanism for reporting concerns and compliments
- incident response mechanism – (+/- associated reporting system into accreditation body)
- use of indicators to monitor performance or trigger visits.

**Examples**

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 • IGZ Netherlands – uses indicators (and absence of indicators) to inform 'supervision' decisions
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 • CQC England – uses formal public declaration of compliance and 'all year' triangulation data to risk-based inspections
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 • Joint Commission – uses unannounced surveys to promote credibility, reinforce continuous quality focus and reduce organisation impact

**Factors to consider in designing accreditation programmes (1)**

- levers available for accreditation programmes vary according to context
  - Statutory requirements, duties and penalties
  - Financial incentives and sanctions
- use of technology and indicators
- balance between observation of quality versus focus on assurance systems

## Factors to consider in designing accreditation programmes (2)

- balance of resources used versus value added
- system drivers vary between jurisdictions and sectors so external quality assurance mechanisms must be tailored to local circumstances
- linking to wider system drivers may increase leverage but implies need for greater validation.

**Thank you**

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