




26th International Conference
Dublin, Ireland
11th – 14th October 2009




ACCREDITATION CANADA
AGRÈMENT CANADA
Driving Quality Health Services
Force motrice de la qualité des services de santé

**Accreditation Canada's Qmentum Program:
Changing survey methodology to enhance
value and relevance**

International Society for Quality in Health Care
26th International Conference
Accreditation Symposium
October 11, 2009

Wendy Nicklin, President and CEO

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Outline

- Background
- AIM program
- Qmentum program
- Looking to the future

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Background: Accreditation elements

- Canadian accreditation program - incorporated in 1958
- High participation rates; continued growth
- Surveyors (over 500) are senior health care professionals
- Both public and private organizations participate

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Background: Accreditation elements

- Surveys may be regional, institution specific, national or market specific (i.e. Aboriginal, Corrections, Canadian Forces)
- Average 400+ surveys per year
- Three year cycle

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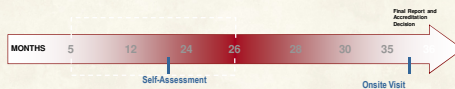
Where we've been

- Achieving Improved Measurement (AIM) program used from 2001 to 2008
 - Integrated new concepts such as population health and performance measures
 - Focused heavily on the onsite survey visit
 - Dependant upon the surveyor to record, measure, and report information relevant to the accreditation process

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The AIM program



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Challenges of this model

- The survey-centred model relied on surveyors to provide information regarding standards achievement
- Survey preparation was a burden on organizations and surveyors, in particular for very small or very large organizations
- Organizations seemed to participate in the accreditation process in order to obtain accreditation, not for the broader goal of optimizing its value as a strategic management tool

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Challenges of this model

- It did not adequately support accreditation and quality improvement as a continuous process
- The value-add was increasingly questionable
- There was a need for enhancements to improve the relevance and rigour of the standards and accreditation process

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Qmentum

- Concept approval January 2004
- Development 2004 - present
- Pilot testing and feedback 2007
- Release 2008

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Qmentum - Rationale

- Enhance the **value-add** and **relevance** of the accreditation process
- **Streamline** the workload for accreditation for both surveyors and organizations
- Increase the **rigour** and objectivity of the evaluation process
- De-emphasize the on-site visit, making the process **more continuous** over time
- Align accreditation with the organization's ongoing **quality improvement** programs

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Qmentum - Rationale

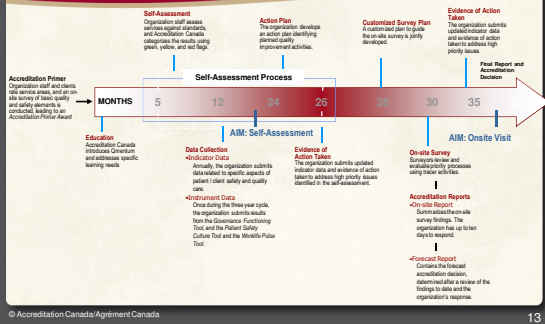
- Position accreditation as a strategic management tool
- Accreditation, as it weaves through the organization's quality improvement program, contributes to the achievement of the organization and/or region and/or province's goals

No longer should accreditation be undertaken for the sole purpose of 'achieving accreditation status'

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Qmentum - Streamlining the accreditation process over 3 years

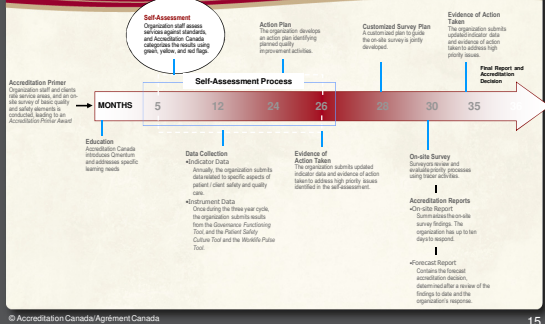


Qmentum - Streamlining the accreditation process over 3 years

- Moves away from the survey-centric model
- Adds new processes by which to evaluate performance against standards
- Reduces the burden on surveyors and organizations
- Uses automated tools to collect information
- Makes accreditation and quality improvement a part of everyday work

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Qmentum - Streamlining the accreditation process over 3 years



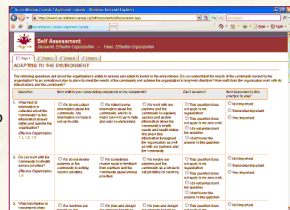
Self assessment

- Under the AIM program, self assessment was conducted 6 - 9 months preceding the survey visit, the completed document was sent to the surveyors
- As part of Qmentum, the process involves a large # of staff providing input into the self-assessment, occurs approximately mid-cycle (not immediately preceding the survey visit, and the completed document is NOT shared with the surveyors)

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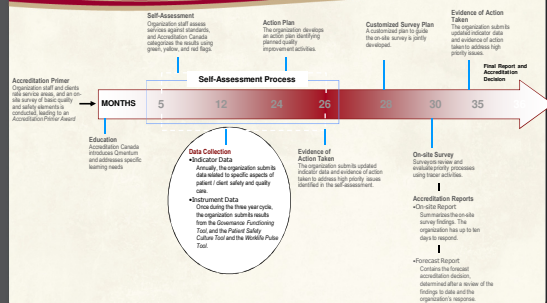
Self assessment

- The process includes
 - assessing current performance against standards using self-assessment questionnaires
 - identifying areas requiring detailed review and follow-up
 - developing and prioritizing action plans to address areas needing improvement
- Gives the ability to follow an organization's progress over time



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Qmentum - Streamlining the accreditation process over 3 years



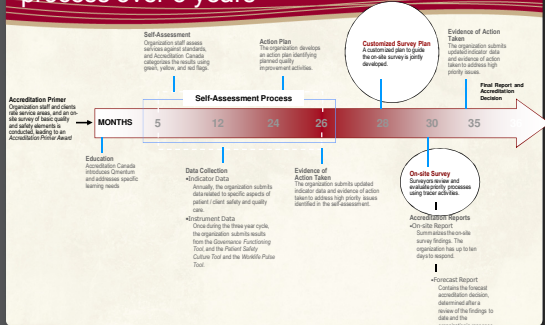
Indicators

- Are tied to the standards and are used to assess compliance with the standards
- Provide the ability to evaluate performance across the entire accreditation cycle - not just at the time of the survey visit
- Facilitate comparison and consistency in data collection, and create a much richer data set to analyze and report upon

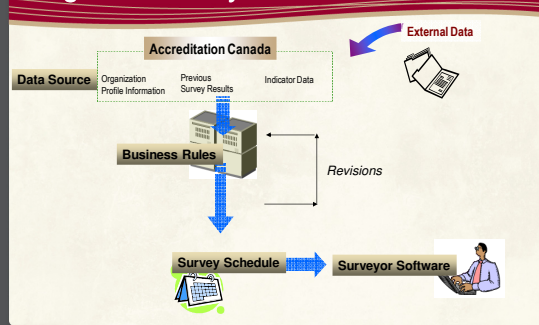
Instruments

- Collect information about critical aspects of health services
 - Governance Functioning Tool
 - Patient Safety Culture Tool
 - Worklife Pulse Tool
- Provide reliable and objective measures of compliance with standards
- Are a quick diagnostic of the organization as a whole
- Reduce the number of criteria to be validated at the on-site survey visit

Qmentum - Streamlining the accreditation process over 3 years



Using information to more effectively target the survey visit



Customized survey design tool

- Uses business rules to build a customized survey plan based on the organization's high-risk areas (both organizational and functional risk), and areas of strength and innovation
- Outlines a detailed schedule of activities for the on-site survey

Customized survey design tool

- Takes into account
 - the organization profile (structure, size, number of locations, planning and service design, type of services offered)
 - indicator and instrument data
 - evidence of action taken
 - previous accreditation information and recommendations

The on-site survey visit

- Focuses instead on critical priority processes - those systems or processes known to have significant impact on patient safety and quality of care or service
- Survey visit activities are targeted and specific

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Client and surveyor feedback

- Evaluation is ongoing
- Comments indicate that Qmentum is a major improvement over AIM
- The elimination of most team interviews and focus on priority processes is strongly supported - staff appreciate their increasing involvement
- Improvements continue to be made based on feedback
- Organizations will need to experience a full 3 year cycle in order to truly benefit from the new approach

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Have our goals been achieved?

- There is less sole reliance on surveyors and the onsite survey visit
- There is improved ability to customize / apply the program considering organization variance in size and complexity

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Have our goals been achieved?

- More staff are actively engaged in the accreditation process through the self assessment, performance measures, and survey visit
- Automated measurement tools allow
 - Greater and faster data exchange
 - Improved standardization and objectivity

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Looking to the future

- Use of software filters to select standards and criteria based on organization profile information
- Accreditation customization using dynamic link between the profile, the standards, and the self-assessments
- Increased use of data to streamline the accreditation process
- Ability to drill-down and view information at location, service, or unit level to focus survey visit even further

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Summary

- Background
- AIM program
- Qmentum program
- Looking to the future

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The leader in raising the bar for health quality

Le leader qui hausse la barre en matière de qualité de santé

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SAFETY AND QUALITY IN HEALTHCARE

Survey Methodology
Are current models sustainable?

ISQua Accreditation Symposium

Chris Baggoley
(ACSQHC)
11 October 2009

► ACSQHC

Health Ministers Established ACSQHC to:

1. Lead and coordinate safety and quality in health care
2. Advocate for safety and quality and report publicly
3. Recommend national data sets
4. Provide strategic advice to Health Ministers
5. Recommend nationally agreed standards

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SAFETY AND QUALITY IN HEALTHCARE

► ACSQHC

Our Programs

1. Australian Charter of Healthcare Rights
2. Open Disclosure
3. Basic Care Issues
 - Healthcare Associated Infection
 - Patient Identification
 - Medication Safety
 - Clinical Handover
 - Recognition and Response to Clinical Deterioration
 - Falls Guidelines
4. Tools
 - Accreditation and Credentialing
 - Information Strategy

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► ACSQHC

Role of accreditation programs

- Verification that a standard (or recommendation) has been met
- Advising on quality improvements
- Measure performance of health service organisation
- Assist priority setting for health service organisation
- Measure performance of standards

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► NHS Care Quality Commission

New approach to accreditation

- Self assessment
- Collection of data sets
 - Clinical
 - Administrative
 - Patient experience survey data
 - Staff survey data
 - Incident
 - Local service reports, including oversight and security committees
- Risk rating
- Services in bottom 20% plus random 5% to be surveyed

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► ACSQHC: Public consultation on accreditation: 2007

Issues with current system of accreditation by surveyors

- Dependence on surveyors for ongoing viability of system
- Significant issues with skill and competence of surveyor

Yet

- Involvement of senior staff provides for exchange of ideas and cross learning, so is valued

► ACSQHC: Public consultation on accreditation: 2007

Issues with reform of accreditation

- Increasing training demands on surveyors has potential to increase workforce shortages
- Who will bear the cost of training
- Increasing proportion of paid workforce may not be sustainable

► ACSQHC: Public consultation on accreditation: 2007

Clinical Excellence Commission (NSW)

- Reduce reliance on peer based opinion assessments
- Objective use of standards should be applied where practicable
- Use surveyors for targeted areas within domain expertise, following additional accreditation training
- Use desk top audits and internal verification methods

► ACSQHC and Health Ministers' Decisions: 2008

Accreditation of Healthcare Facilities

Decisions

- Endorsed the recommendations for implementation of reforms to safety and quality accreditation of healthcare facilities
- ACSQHC to develop new model for accreditation

Moving Forward

- Research completed on:
 - Short notice surveys
 - Surveyor participation
 - Patient journey
- Development of preliminary Australian Healthcare Standards initially in:
 - Healthcare Associated Infection
 - Medication Safety
 - Patient Identification
 - Governance for Safety and Quality
- National coordination of accreditation

► ACSQHC: new model of accreditation

Surveyor participation project

Aim:

- Determine overall sustainability of surveyor workforce
- Identify options for addressing identified barriers

Outcome:

- Affected by mix of models of surveyor engagement
- Affected by lack of clear views of role of surveyors in implementation of proposed reforms

► ACSQHC: new model of accreditation

Surveyor participation project

- Selection
- Orientation
- Training, assessment
- Maintenance of competency
- Supervision
- Performance management
- Acknowledgment and support

► ACSQHC: new model of accreditation

Surveyor participation project

Literature review

- No empirical research tested links between specific surveyor management practices and surveyor standards and performance
- Selection criteria, contractual arrangements, training vary with
 - Volume of surveys
 - Type of service assessed
 - Accreditation standards applied
 - Purpose of accreditation – compliance assessment or quality improvement
- Australian surveyor workforce relies more heavily on volunteers than on paid personnel

► ACSQHC: new model of accreditation

Surveyor participation project

Literature review: Comparative analysis

- JCAHO difference
 - Employed full time surveyors
 - More formal contractual relationship
 - Most stringent requirement for education qualifications, training
 - Surveyors generally have an advanced degree
 - Undergo more intensive orientation, initial training assessment and certification process
 - Undertake higher volume of surveys per year
- Cost of surveys ranged from 11 to 35% accrediting body's total expenses

Bohigas L, *et al.* (1998) A comparative analysis of surveyors from six hospital accreditation programs. *Int J Qual Health Care* 10 (1), 7-13

► ACSQHC: Surveyor participation project

Accreditation bodies views regarding sustainability of current processes:

- Cost of training and maintaining competence through continuing education
- Increasing difficulty obtaining surveyors release
- Attracting clinicians from their practices and income loss
- Difficulty keeping accreditation skills current

► ACSQHC: Surveyor participation project

Accreditation bodies views regarding sustainability of current processes:

- Increasing difficulty matching surveyors and type of service
- Number of standards
- Lack of portability of surveyor qualifications
- Lack of career path for surveyors

► ACSQHC: Surveyor participation project

Health provider organisations views:

- Current programs would benefit from streamlining
- Rationalisation of compliance and quality improvement aspects
- Subject to multiplicity of accreditation processes – applying different standards
- More flexible accreditation environment required

► ACSQHC: Surveyor participation project

Health provider organisations views:

- Streamline standards and separate them from accrediting body
- Self assessment process and simplified verification visit process
- Common smaller set of modules to address areas specific to various service type
- Professional full-time surveyors to lead the survey process complemented by relevant peers

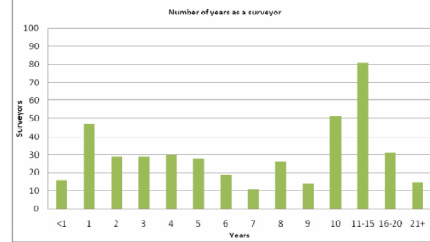
► ACSQHC: Surveyor participation project

Surveyors views regarding sustainability - require:

- Greater support from accrediting bodies and primary employers
- More accessible and adequate training and continuing education
- Greater performance feedback
- Regular discussion opportunities
- Career path
- Recognition of their role in increasing sustainability

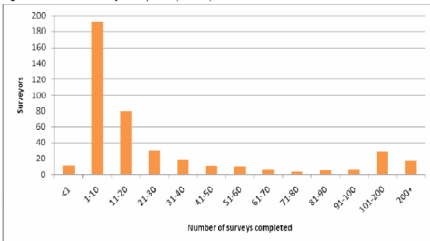
► ACSQHC: Surveyor participation project

Figure 1: Number of years as a surveyor (n = 430)



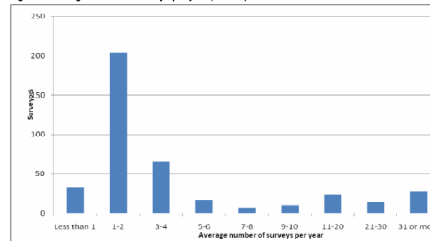
► ACSQHC: Surveyor participation project

Figure 2: Number of surveys completed (n = 430)



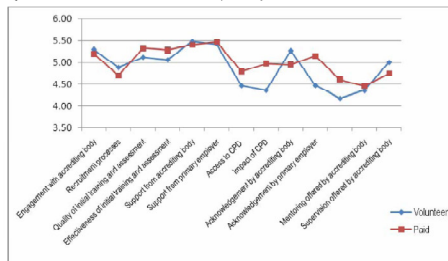
► ACSQHC: Surveyor participation project

Figure 3: Average number of surveys per year (n = 430)



► ACSQHC: Surveyor participation project

Figure 4: Mean satisfaction score between volunteer and paid surveyors



► Accreditation and standards: Australian examples

Queensland's hospitals and day procedure units:

- Standards set by Health Quality Complaints Commission
- Self assessment process
- Data produced twice yearly
- Feedback provided on performance against state average
- Verification process in train



► Accreditation and standards: Australian example

Quality Systems Assessment - NSW:

Designed to complement broad range of activities already in place to assess, improve or provide assurance on safety and quality of care

- Clinical practice improvement initiatives
- Accreditation processes
- Policy development
- Credentialing procedures
- Regulation of:
 - Health service provider organisations
 - Health professionals

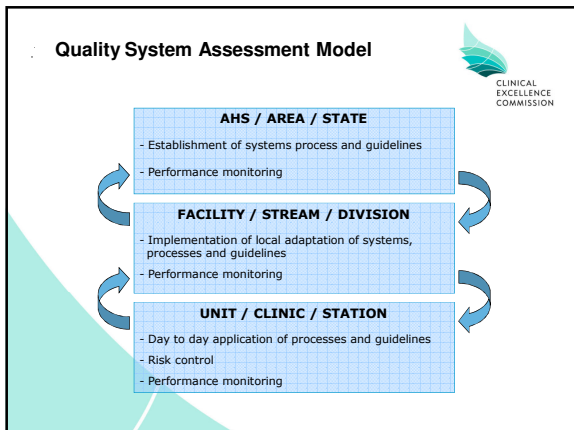
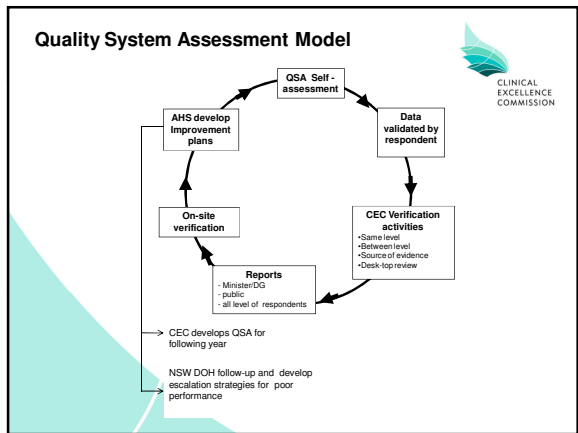
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► Accreditation and standards: Australian examples

Quality Systems Assessment - NSW:

- Based on a risk management framework which aims to evaluate systems and processes which organisations have in place to control risks to patient safety using self assessment and independent verification

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Quality System Assessment Model

Four themes for review in each NSW public health organisation in 2009

- Medication safety
- Communication in the clinical environment
- Clinical handover
- Deteriorating patient

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COMMISSION

Quality System Assessment Model

Areas for verification for each of the organisations for 2009

- Infection control
- Correct patient / site / procedure
- Mortality review

20% of facilities sampled each year

▶ Survey methodology

Are current models sustainable?

- Apparently not

Can better models be found?

- They can!

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26th International Conference
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**Maintaining the standard:
what are the options?**

**Dr David Greenfield, Dr Marjorie Pawsey and
Professor Jeffrey Braithwaite**




ISQua 2009 – Accreditation Symposium
11 October 2009, Dublin, Ireland





Outline

1. Research context
2. Defining the issue
3. Examining the issue
4. CoA assessment tool
5. Conclusion

1. Research context

- Australian Institute of Health Innovation
- Centre for Clinical Governance Research in Health (CCGR)
- Australian Network Evaluation of Accreditation Standards in Healthcare (NEASH)





1. Research context: AIHI

The Australian Institute of Health Innovation's Mission

Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.

<http://www.med.unsw.edu.au/medweb.nsf/page/IHI>



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1. Research context: CCGR

The Centre for Clinical Governance Research undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

<http://www.med.unsw.edu.au/medweb.nsf/page/ClinGov>About>



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1. Research context - NEASH Team

- **Professor Jeffrey Braithwaite**
- **Dr David Greenfield**
- **Dr Marjorie Pawsey**
- Professor Johanna Westbrook
- Professor Bill Runciman
- Professor Sally Redman
- Professor Robert Gibberd
- Conjoint A/Professor Mary Westbrook
- Dr Justine Naylor
- Ms Sally Nathan
- Ms Maureen Robinson
- Ms Judie Lancaster
- Ms Joanne Travaglia
- Mr Brian Johnston
- Dr Desmond Yen
- Ms Lena Low
- Ms Heather McDonald
- Ms Darlene Hennessey
- Mrs Margaret Jackson
- Mr Angus Corbett
- Ms Betty Johnson
- Mr John Clark



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1. Research context - NEASH Team

- ACHS staff
- ACHS surveyors
- ACHS member organisations
- Consumer Reference Group
- Ramsay Health Care
- Research funded by the Australian Research Council Linkage funding scheme (project number LP0560737)



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2. Defining the issue

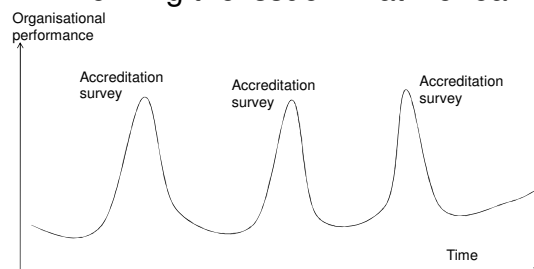
Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?



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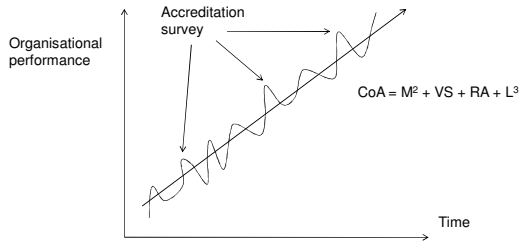
2. Defining the issue: what we fear



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2. Defining the issue: what we hope



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2. Defining the issue

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisation's to nurture a positive "culture of accreditation"

$$\text{CoA} = M^2 + VS + RA + L^3$$



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2. Defining the issue

$$\text{CoA} = M^2 + VS + RA + L^3$$

where:

CoA: culture of accreditation

M²: motivation (leadership: individuals and organisation)

VS: valuing of surveyors

RA: resilience to adversity

L³: learning (individuals, teams and systems)



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3. Examining the issue

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Firstly, who's responsibility is it?



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3. Examining the issue

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Secondly, can it be achieved?

We can't *ensure* but we might be able to take steps to *promote* this outcome



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3. Examining the issue

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

"An accreditation survey is a point in time survey and after the survey, the facility may *return to its old ways*."

Thirdly, what does this mean and why would they?



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3. Examining the issue

What does this mean and why would they?

Goffman (1963, 1971): described behaviour

front-stage ————— back-stage
for accreditation post-accreditation



3. Examining the issue

“Back-stage” is another way of naming deep organisational culture

Organisations have unique cultures and sub-cultures

(Braithwaite et al., 2005)



3. Examining the issue

What does this mean and why would they?

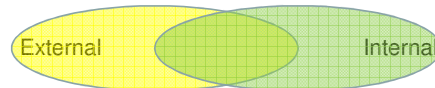
So the questions are...

what is motivating an organisation's front stage behaviour?
and
how different is it to their backstage behaviour?



3. Examining the issue

What is motivating their front stage behaviour?



Required by government/
insurance companies
Certificate on wall

Embedded philosophy
of improvement



3. Examining the issue

Motivation is influenced by leadership.

Organisations with demonstrated leadership perform better on accreditation (Braithwaite et al. *in press*)



CoA: part one

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisation's to nurture a positive “culture of quality”

$$\text{CoA} = \text{M}^2 +$$



3. Examining the issue

What does this mean and why would they?

An indicator of motivation, for individuals and the organisation, but distinct to it, is found through the question...

are senior staff engaged in the accreditation process, including as surveyors?



3. Examining the issue

Surveying is a form of professional development

Surveyors are a resource to assist their organisation improve how they address quality and safety issues

(Lancaster, Braithwaite and Greenfield, in press)



CoA: part two

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisation's to nurture a positive "culture of accreditation"

CoA = M² + VS +



3. Examining the issue

On organisation's "old ways":

What does this mean and why would they?

So the question is ...

does the organisation demonstrate resilience to adversity?



3. Examining the issue

An examination of eight inquiries into failures of patient safety identified a number of common themes:

- Some health care was far below standard;
- Quality monitoring processes were deficient;
- Individual care providers and patients raised the concerns;
- Critics were often ignored or abused;
- Teamwork was deficient; and,
- Patients and families were not informed members of the team.

(Hindle *et al.*, 2006: 5)



3. Examining the issue

Resilience to adversity is about the ability to act *mindfully*:

"By this we mean that they organize themselves in such a way that they are better able to notice the unexpected in the making and halt its development. If they have difficulty halting the development of the unexpected, they focus on containing it. And if some of the unexpected breaks through the containment, they focus on resilience and swift restoration of system functioning."

(Weick and Sutcliffe, 2001: 3)



CoA: part three

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisation's to nurture a positive "culture of accreditation"

$$\text{CoA} = M^2 + \text{VS} + \text{RA} +$$



3. Examining the issue

ISSUE: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Fourthly, does learning occur in this organisation?



3. Examining the issue

Learning at three levels:

- Individual: reflection-in-practice (Schon 1983)
- Team: peer-learning, interprofessional practice, work-based learning (Raelin, 2008)
- System: learning organisation (Senge, 1990)



CoA: part four

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisation's to nurture a positive "culture of accreditation"

$$\text{CoA} = M^2 + \text{VS} + \text{RA} + L^3$$



4. CoA assessment tool:

Elements:

- Motivation: individual and organisational
- Valuing of surveyors
- Standard of care
- Quality monitoring processes
- Engagement of patients
- Dissenting voices
- Teamwork
- Noticing the unexpected
- Containing problems
- Restoration of system functioning
- Learning: individual, team and system



4. CoA assessment tool:

Rating scale:

- A: exceptional compliance, > 90%
- B: extensive compliance, 66 – 90%
- C: broad compliance, 41 – 66%
- D: minor compliance, 15 – 40%
- E: negligible compliance, < 15%

(Shaw et al., 2009)



5. Conclusion

Issue: what needs to be done to ensure the quality of services assessed by the accrediting body is maintained or improved?

Answer: need to encourage organisations to nurture a positive "culture of accreditation"

$$\text{CoA} = \text{M}^2 + \text{VS} + \text{RA} + \text{L}^3$$



References

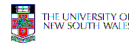
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Maintaining the Standard What are the options?

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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


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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.

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Examples



- IGZ Netherlands – uses indicators (and absence of indicators) to inform 'supervision' decisions



- CQC England – uses formal public declaration of compliance and 'all year' triangulation data to risk-based inspections



- Joint Commission – uses unannounced surveys to promote credibility, reinforce continuous quality focus and reduce organisation impact

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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

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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.

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Thank you

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