

303: THE PORTUGUESE EXPERIENCE ON HOSPITAL ACCREDITATION

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Objective:

To validate the KFHQS accreditation methodology and hospital standards for Portuguese hospitals

Background:

The Portuguese hospital accreditation project is totally new and there is no experience in the area.

Two different levels of decision were important:

- A) political decision to start accreditation on a national level
- B) technical/evidence based decision about the methods and resources

Portugal has a National Health System with 109 public hospitals with capital importance and influence. However there has been a high level of professional dissatisfaction and complaints about bureaucracy and lack of efficiency, safety conditions, information and participation. Accountability also became a major issue on the NHS.

Methods:

The presentation will address point B. Criterion considered about the type of program were: voluntary process, peer review based and a tool for continuous improvement.

The decision was to work with the Kings Fund Health Quality Service (KFHQS). The protocol between the National Institute for Quality in Health (IQS) and the KFHQS was signed on September 1999. This Protocol begun with 7 pilot sites using the British hospital accreditation model:

- 1st phase - A convenience sample was defined to be representative of the new generation of acute hospitals between 350 – 500 beds;
- 2nd phase – Voluntary decision from hospitals is one of the participation criterion. Nine hospitals from different sizes and nature begun accreditation processes on year 2000: 3 specialised hospitals and 6 acute general hospitals.

Hospitals self assessment and audits use the *King's Fund Organisational Audit* standards, explicit standards edited in 1997 in the United Kingdom. The standards have been validated according the professional requirements and the Portuguese Law.

The accreditation methodology finishes with documentation review and survey, report and accreditation decision. This final audit is peer review based, the results are confidential to the organisation and the surveyors formulate recommendations on the report.

The accreditation process was always presented as a quality improvement tool and remains voluntary. There is no compensation for getting accreditation and the system (NHS) doesn't allow concurrence between hospitals.

Results:

On April 2003 there are 20 hospitals with accreditation processes; 9 hospitals with final surveys; 2 hospitals with provisional accreditation and 2 hospitals with full accreditation.

Conclusions:

The main conclusions are deeply related with the fact that accreditation was the first tool to assess hospitals on a comprehensive and explicit way. With this we have learned:

- that is very important to have an initial evaluation of the hospital problems,
- the importance of leadership and staff participation to identify and to resolve problems,
- the value of accreditation on areas of vital interest and
- the date about costs associated with the sites processes and program management and support.

This project gives the Portuguese Government the information about the value of accreditation, the involvement of stakeholders and important orientation to the future role of accreditation on the NHS.