The Next Frontier: Hospital continuous quality improvement towards accreditation

Strengthening Hospital Management Toward Accreditation (SHMTA)

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Goal for Today

To plant seeds for

ADVOCACY

and

ACTION

to move SLMTA to the entire hospital, i.e. SHMTA
For today

- From SLMTA to SHMTA
- Current State - Hospital Accreditation in Africa
  - Literature Review
  - Lessons Learned
- Envision the Future State - Case Studies from Cameroon
- Next Steps: Call to Action
Principles of Quality Assurance

SLMTA Core Improvement Values

- Focus on the needs of the users
- Focus on processes to increase the productivity of work
- Use data to improve services
- Use teams to improve quality
- Improve communication
SLMTA Core Components
What makes SLMTA work?

- **Task-based curriculum** – focused on the desired behaviors/standards
- Hands-on/Activity-based/Interactive **curriculum delivery**
- **Multiple workshops** – dividing important content into smaller digestible sessions
- Assigned **improvement projects** between workshops - implementation with accountability
- **Site visits** for mentoring and coaching
- Using an established **checklist/standards** for pre- and post assessment
## SLMTA: Process Mapping

<table>
<thead>
<tr>
<th>Step</th>
<th>What happens?</th>
<th>Who is responsible?</th>
<th>Procedures needed?</th>
<th>Pitfalls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Order placed</td>
<td>Clinician determines need</td>
<td>Clinician</td>
<td>Ordering protocols</td>
</tr>
<tr>
<td>2.</td>
<td>Patient presents to laboratory</td>
<td>Laboratorian interacts with patient</td>
<td>Patient / Laboratorian</td>
<td>Customer Service</td>
</tr>
<tr>
<td>3.</td>
<td>Requisition completed &amp; reviewed by laboratory staff</td>
<td>Requisition reviewed for proper information</td>
<td>Clinician, Clerk, or Laboratorian</td>
<td>Criteria for specimen acceptability</td>
</tr>
<tr>
<td>4.</td>
<td>Specimen type determined for collection</td>
<td>Note specific test requested and determine what type of sample is needed</td>
<td>Laboratorian</td>
<td>Specimen requirements for (venous) blood collection, SOP for each analyte</td>
</tr>
<tr>
<td>5.</td>
<td>Specimen collected</td>
<td>Blood drawn from patient; Sputum, urine, stool, or other specimen is collected</td>
<td>Blood - Clinician or Laboratorian, Non-blood specimens - Clinician or Patient</td>
<td>Phlebotomy key competencies, Phlebotomy training checklist</td>
</tr>
<tr>
<td>6.</td>
<td>Specimen logged</td>
<td>Appropriate information recorded in specimen log</td>
<td>Laboratorian</td>
<td>Specimen management</td>
</tr>
<tr>
<td>7.</td>
<td>Specimen accepted or rejected</td>
<td>Specimen accepted or rejected based on meeting acceptance criteria</td>
<td>Laboratorian</td>
<td>Specimen management, Criteria for specimen acceptability</td>
</tr>
<tr>
<td>8.</td>
<td>Specimen assigned according to test request/s</td>
<td>Requests reviewed for: - Testing priority - STAT versus routine - If multiple tests to be done, sequential workstations versus aliquoting - Centrifugation required - Send out versus in-house testing</td>
<td>Laboratorian</td>
<td>Guidelines for STAT testing, Guidelines for multiple test from one sample, Specific SOPs for each analyte, SOP for send outs (specimens referred to other facilities for testing)</td>
</tr>
</tbody>
</table>
Value Stream Mapping

Information Flow

PUSH System

Lab

Pharmacy

Information

PATIENT AARRIVAL

CA Prep

LPN Prep

Review pt info

Treatment

Obtain prescription

Post visit follow-up

Input pt info

Order tests

Diagnose Orders

Obtain meds

Call pt

PATIENT DEPARTURE

Wait Time

Process Time

First Time Quality

Wait Times

Process Times

First Time Quality

Pull System

Patient Arrival

Data Box

Process Box

Input pt info

Order tests

Diagnose Orders

Obtain meds

Call pt

163

118

281

2.72

1.97

4.68

42%

20%

Summary Process Data

DATA BOX - Total Process

Total Wait Time (W/T)
Total Process Time (P/T)
Total Lead Time (L/T)
Value Added Percent
First Time Quality
Value Stream Mapping: $V = \frac{Q}{C}$
The Needs of the Patient Come First…
Hospital Accreditation
What?

• Accreditation Programs:
  • Promote Improvement
  • Apply Standards
  • Provide Feedback

Why?

• Quality Improvement (82%)
• Commercial Carrots
  • Marketing (50%)
  • Preferential Funding (41%)
  • Medical Tourism (27%)
• Regulatory Sticks
  • Government Policy (53%) / Legislation (34%)
  • Reduced Inspection (11%)

EGYPT
Why they started?

• “…Create a self-sustaining culture of improvement in health care…”

• “Systematic Process for monitoring & improving”

• “…Efforts to improve the delivery of healthcare services including standards development and implementation, use of clinical guidelines, and development of quality improvement systems, must encompass the full spectrum of health care delivery systems. Health care is a continuum and patients move back and forth…”

Rafeh, Nadwa; Schwark, Thomas; Developing and Implementing an Accreditation Program in Egypt (USAID); 2006; http://indexmedicus.afro.who.int/iah/fulltext/accreditation.pdf
Accrediting Organizations
ISQua 'Accredits the Accreditors':

◆ Standards
◆ Organisations
◆ Surveyor training programmes
<table>
<thead>
<tr>
<th>Accredited Organisations</th>
<th>Acronym</th>
<th>Country</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taiwan Joint Commission on Hospital Accreditation</td>
<td>TJCHA</td>
<td>Taiwan</td>
<td>September 2014</td>
</tr>
<tr>
<td>The Council for Health Service Accreditation of Southern Africa</td>
<td>COHSASA</td>
<td>South Africa</td>
<td>January 2015</td>
</tr>
<tr>
<td>Danish Institute for Quality and Accreditation in Health Care</td>
<td>IKAS</td>
<td>Denmark</td>
<td>March 2015</td>
</tr>
<tr>
<td>Diagnostic Accreditation Programme, British Columbia</td>
<td>DAP BC</td>
<td>Canada</td>
<td>August 2015</td>
</tr>
<tr>
<td>Health and Disability Auditing Australia Pty Ltd</td>
<td>HDAA</td>
<td>Australia</td>
<td>August 2015</td>
</tr>
<tr>
<td>Joint Commission International</td>
<td>JCI</td>
<td>USA</td>
<td>August 2015</td>
</tr>
<tr>
<td>Malaysian Society for Quality in Health</td>
<td>MSQH</td>
<td>Malaysia</td>
<td>May 2016</td>
</tr>
<tr>
<td>Quality Improvement Council</td>
<td>QIC</td>
<td>Australia</td>
<td>May 2016</td>
</tr>
<tr>
<td>National Accreditation Board for Hospitals &amp; Health Care Providers</td>
<td>NABH</td>
<td>India</td>
<td>August 2016</td>
</tr>
<tr>
<td>DAA Group Limited</td>
<td></td>
<td>New Zealand</td>
<td>November 2016</td>
</tr>
<tr>
<td>AABB</td>
<td>AABB</td>
<td>USA</td>
<td>December 2016</td>
</tr>
<tr>
<td>Netherlands Institute for Accreditation in Healthcare</td>
<td>NIAZ</td>
<td>Netherlands</td>
<td>January 2017</td>
</tr>
<tr>
<td>Health Accreditation Service</td>
<td>ICONTEC</td>
<td>Columbia</td>
<td>January 2017</td>
</tr>
<tr>
<td>CHKS Accreditation Unit</td>
<td>CHKS</td>
<td>UK</td>
<td>January 2017</td>
</tr>
<tr>
<td>Canadian Accreditation Council of Human Services</td>
<td>CAC</td>
<td>Canada</td>
<td>June 2017</td>
</tr>
</tbody>
</table>
African Hospitals Currently Internationally Accredited (35) – COHSASA (33) & JCI (2)

- South Africa, 25
- Nigeria, 4
- Botswana, 2
- Namibia, 1
- Rwanda, 1
- Kenya, 1
- Lesotho, 1

http://www.jointcommissioninternational.org
http://www.cohsasa.co.za/
Accrediting Bodies

International

- COHSASA
- Joint Commission International
- ISO 9001 Quality Management System
  - Kenya – KENAS
  - South Africa - SANAS

National

- Egypt
- East Africa
  - Tanzania
  - Kenya
  - Uganda
  - Rwanda
- Ethiopia
- West Africa
  - Ghana
  - Liberia
- South Africa
- Zambia
Accreditation Systems - Mechanics

What did they do? How well did it work?
EGYPT

- **National Accreditation Board** – Develop Organizational Structure
- Build Capacity for QI
- **Training of Surveyors / Training curriculum / Certification**
- Test (5-Hospital Pilot)/Develop Hospital Accreditation Standards (700 standards – Critical, Core, & Non-Core)
- Revision of PHC standards

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Ethiopia

• Federal Ministry of Health (FMOH)/ Medical Service Directorate (MSD)– improving quality of all service levels (May 2010)

• 128 Hospitals

• Performance monitoring & improvement framework
  • KPIs
  • Supportive supervisory visits
  • Regional review meetings
  • National Review meetings

• MHA Program – (24 hospitals; 86 standards assessed)

• Tools
  • Manual
  • Database – hospital & regional

Ethiopian Hospital Alliance for Quality (EHAQ)

Kebede, S, et. al; Educating leaders in hospital management: A pre-post study in Ethiopian Hospitals; Global Public Health; Vol. 7, No. 2, February 2012, 164–174
Liberia – Basic Package of Health Services (BPHS) Accreditation

• Government Ownership - Mandatory

• Develop/Define/Communicate Standards – CHAI/Yale – 9 Assessment Categories

• Branding Accreditation

• Engagement of stakeholders - key MOHSW officials involved in policies & procedures of implementation

• Implementation logistics - information technologies - data capture and analysis

• Assessments conducted by professional peers
## East Africa – Emergence of Accreditation

<table>
<thead>
<tr>
<th>MECHANISM</th>
<th>HOSPITALS</th>
<th>STANDARDS</th>
<th>ASSESSMENTS</th>
<th>ASSESSMENT LINKED TO REIMBURSEMENT</th>
<th>FUNDING</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>National Hospital Insurance Fund (NHIF) operated</td>
<td>3,547 (2007)</td>
<td>MOH Standards – Input &amp; Process</td>
<td>“Regular”</td>
<td>YES</td>
<td>NHIF</td>
</tr>
<tr>
<td>Kenya</td>
<td>NHIF operated</td>
<td>400 (2009)</td>
<td>Kenya Health Standards – Input, Process &amp; Outcome</td>
<td>Quarterly with Full Accreditation every 2 years</td>
<td>YES</td>
<td>NHIF</td>
</tr>
<tr>
<td>Uganda</td>
<td>MOH Accrediting Body</td>
<td>179</td>
<td>35 Basic 100 Sub-standards</td>
<td>Quarterly</td>
<td>NO</td>
<td>Donor - USAID</td>
</tr>
</tbody>
</table>

Other National Programs

• Rwanda – Performance Based Financing (PBF)
• Zambia – Donor funded (USAID); Now suspended for lack of funds
Ghana

• National Health Insurance Scheme (NHIS)

National Health Insurance Scheme (NHIS): http://www.nhis.gov.gh/activities.aspx
Hospital Accreditation

Lessons Learned
EGYPT Lessons

- **Success** is entirely dependent on the commitment & support of the Hospital Director — *single most important factor*
- Incentives – Internal & based on desire to improve
- Test/ Pilot valuable
- **Credibility** of the accreditation program highly dependent on the quality of the surveyors
- Role of Teaching Hospitals critical
- Significant effort & political support needed
East Africa Lessons

- Effective, Sustainable, & Impartial Administrative systems critical
  - **Self-funding mechanisms** are **critical to long-term success**
  - Accreditation program independent of the MOH
  - International Accrediting programs cost prohibitive

- **National health insurance plan** – requiring facilities to be accredited by a local, independent accrediting body
- **Financial incentives** to highly performing hospitals
- Potential hazard of public authorities overseeing accreditation programs - Kenya & Tanzania

Improving health system quality in low- and middle-income countries that are expanding health coverage: A framework for insurance

Develop a conceptual framework for insurance-driven quality improvements in health care
Hospital Accreditation in Africa
Current State

- 35 Hospitals internationally accredited
- Literature shares structures, models, funding mechanisms for national accreditation
- National accreditation schemes vary
- No single agreed-upon set of standards
- Funding a major concern for sustainability
Case Studies

Dream of a Future State
Buea Hospital

Buea Hospital Improvements – Decreasing Metrics

- Wait Times (Hours)
- Still Birth Rate (%)
- Maternal Infection Rate (%)

BEFORE

AFTER
Buea Hospital Improvements – Increasing Metrics

Functioning Public Toilets (%)
Staff Awareness (%)
Patient Satisfaction (%)
Revenue (X10 7 FCFA)

BEFORE
AFTER
SEMNTA Results - Bamenda

Bamenda Hospital
Labor Room Theatre
Labor Room Theatre
Public Toilets
Dust Bins
Call to Action

• What are your long-term goals in relation to hospital accreditation?
• Where will we go from here?
• What standards would we adopt?
• Who would be involved in the efforts?
• What will we do by
  • next Tuesday?
  • next month?
  • next year?
Questions & Discussion