

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

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Citation

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

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SLMTA: Process Mapping

	Step	What happens?	Who is responsible?	Procedures needed?	Pitfalls
	1. Order placed	Clinician determines need	Clinician	Ordering protocols	<ul style="list-style-type: none"> Unauthorized person ordering Inappropriate order
	2. Patient presents to laboratory	Laboratorian interacts with patient	Patient / Laboratorian	Customer Service	<ul style="list-style-type: none"> Lack of timely service Interaction not client-friendly
	3. Requisition completed & reviewed by laboratory staff	Requisition reviewed for proper information	Clinician, Clerk, or Laboratorian	Criteria for specimen acceptability	<ul style="list-style-type: none"> Incomplete patient data Incomplete clinical history Clerical errors
	4. Specimen type determined for collection	Note specific test requested and determine what type of sample is needed	Laboratorian	Specimen requirements for (venous) blood collection SOP for each analyte	<ul style="list-style-type: none"> Not checking or following specimen requirements Inadequate communication to patients regarding specimen self-collection
	5. Specimen collected	Blood drawn from patient; Sputum, urine, stool, or other specimen is collected	Blood - Clinician or Laboratorian, Non-blood specimens - Clinician or Patient	Phlebotomy key competencies Phlebotomy training checklist	<ul style="list-style-type: none"> Blood - Wrong tube, incorrect amount of blood, Injury Non-blood specimens - incorrect specimen or incorrect collection procedure; improper labeling
	6. Specimen logged	Appropriate information recorded in specimen log	Laboratorian	Specimen management	<ul style="list-style-type: none"> Clerical errors Inadequate information Clerical error
	7. Specimen accepted or rejected	Specimen accepted or rejected based on meeting acceptance criteria	Laboratorian	Specimen management Criteria for specimen acceptability	<ul style="list-style-type: none"> Unsatisfactory specimen Specimens with hazardous handling conditions Inadequately labeled specimen
	8. Specimen assigned according to test request/s	Requests reviewed for <ul style="list-style-type: none"> Testing priority - STAT versus routine If multiple tests to be done, sequential workstations versus aliquoting Centrifugation required Send out versus in-house testing 	Laboratorian	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)	<ul style="list-style-type: none"> Processing not performed in a timely fashion as ordered Missing some tests on a requisition with multiple tests requested Centrifuge not performed in a timely manner Send out tests not referred in a timely matter or transported inappropriately

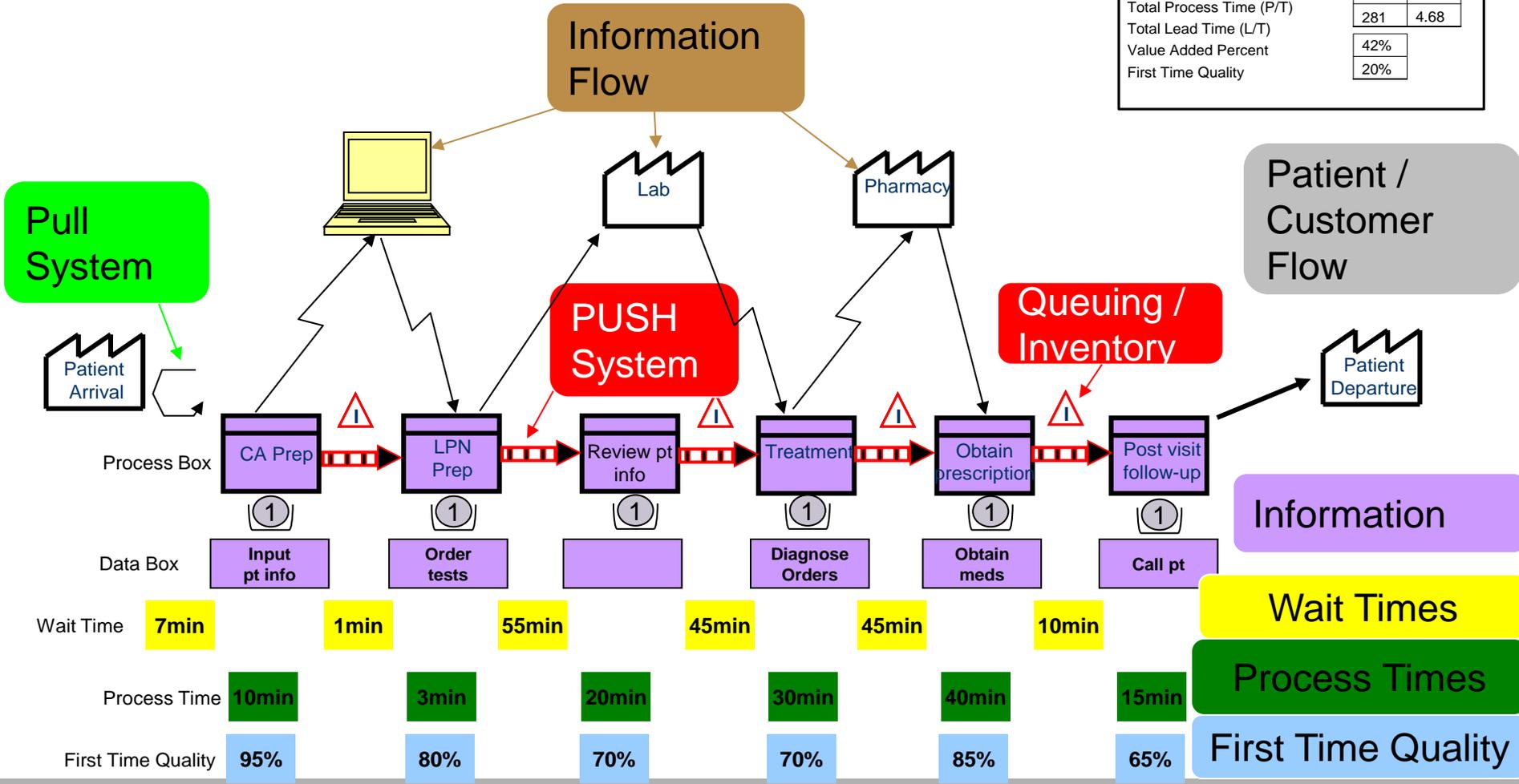
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Summary Process Data

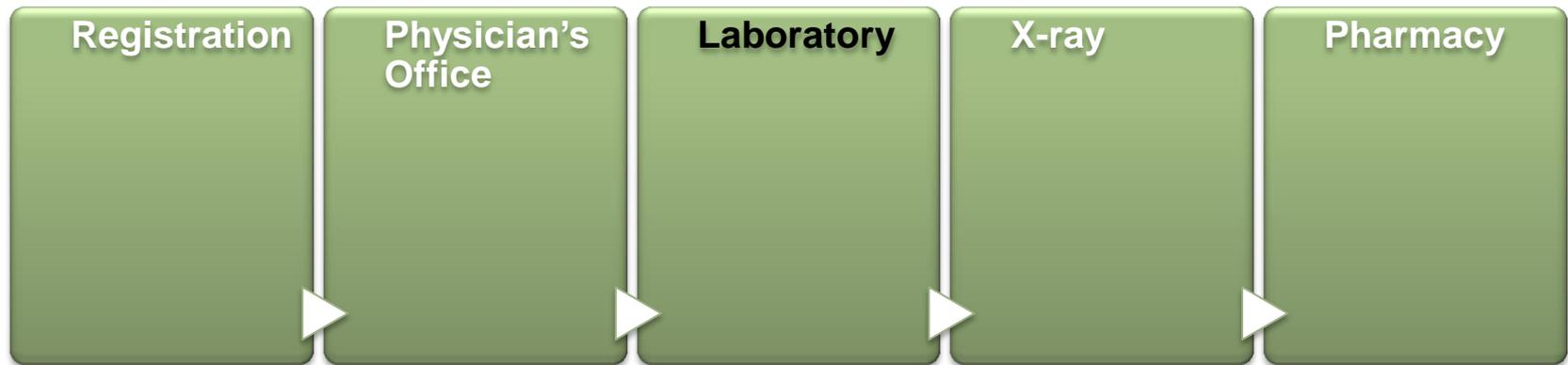
Value Stream Mapping

DATA BOX - Total Process

Total Wait Time (W/T)	163	2.72
Total Process Time (P/T)	118	1.97
Total Lead Time (L/T)	281	4.68
Value Added Percent	42%	
First Time Quality	20%	



Value Stream Mapping: $V = Q/C$





The Needs of the Patient Come First...



*Hope
and
Healing*

Hospital Accreditation

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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%)

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Shaw, C, et. al; Profiling Healthcare Accreditation Organizations: An international survey; International Journal for Quality in Health Care 2013; Vol. 25, No. 3: pp. 222–231

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...”

Accrediting Organizations

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Accreditation

- Accreditation
- Governance
- ISQua Accredited Organisations & Standards**
- IAP Awards 2013-14
- Our Surveyors
- Updates
- Reference Materials
- Become an ISQua Surveyor

International Accreditation Programme (IAP) Awards

Successful ISQua Accreditation is granted for four years and organisations receive an Accreditation Certificate and the use of an 'ISQua Accredited' logo. All accreditation awards are acknowledged annually at ISQua's International Conference.

Each IAP evaluation results in a report which identifies an organisations strengths but also highlights areas for improvement. Maintenance of this award is dependent on the submission to ISQua of two progress reports, one at 12 months post survey and the second at 30 months post survey.

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Accredited

- Accredited Organisation
- Accredited Standards
- Accredited Surveyor Training Programmes

<http://www.isqua.org>

ISQua 'Accredits the Accreditors':

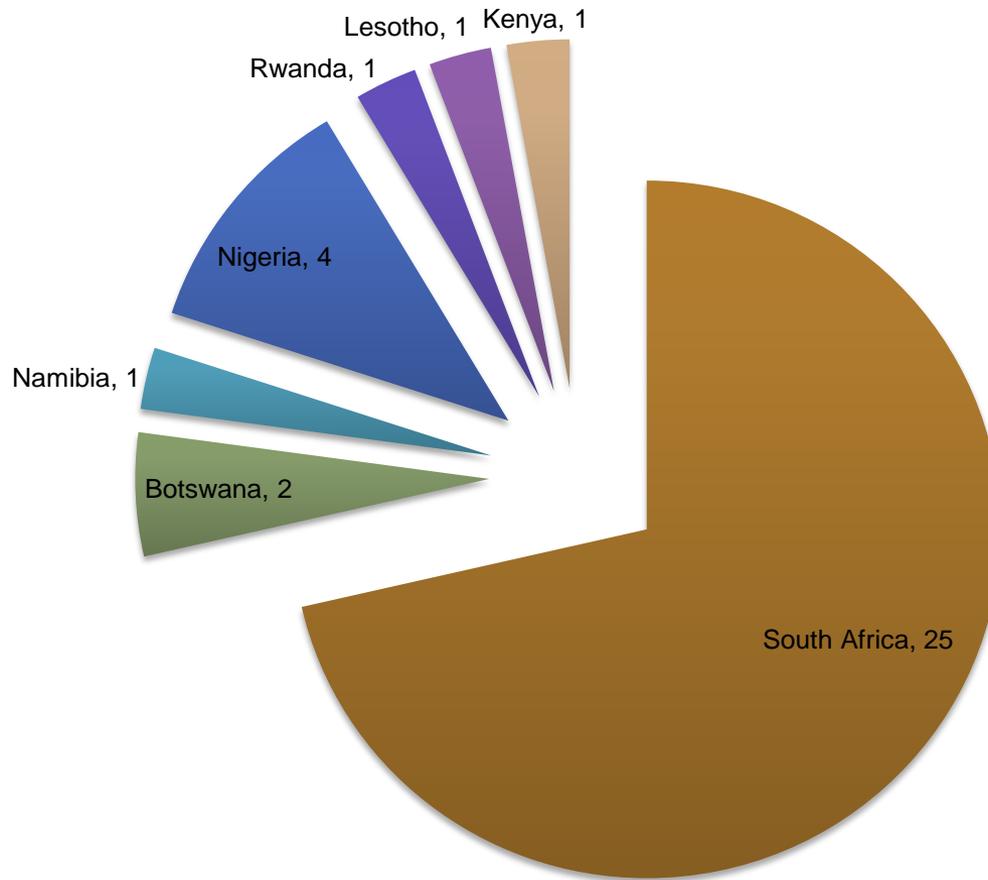
- ◆ Standards
- ◆ Organisations
- ◆ Surveyor training programmes

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▼ Accredited Organisation

Accredited Organisations	Acronym	Country	Expires
Taiwan Joint Commission on Hospital Accreditation	TJCHA	Taiwan	September 2014
The Council for Health Service Accreditation of Southern Africa	COHSASA	South Africa	January 2015
Danish Institute for Quality and Accreditation in Health Care	IKAS	Denmark	March 2015
Diagnostic Accreditation Programme, British Columbia	DAP BC	Canada	August 2015
Health and Disability Auditing Australia Pty Ltd	HDAA	Australia	August 2015
Joint Commission International	JCI	USA	August 2015
Malaysian Society for Quality in Health	MSQH	Malaysia	May 2016
Quality Improvement Council	QIC	Australia	May 2016
National Accreditation Board for Hospitals & Health Care Providers	NABH	India	August 2016
DAA Group Limited		New Zealand	November 2016
AABB	AABB	USA	December 2016
Netherlands Institute for Accreditation in Healthcare	NIAZ	Netherlands	January 2017
Health Accreditation Service	ICONTEC	Columbia	January 2017
CHKS Accreditation Unit	CHKS	UK	January 2017
Canadian Accreditation Council of Human Services	CAC	Canada	June 2017

African Hospitals Currently Internationally Accredited (35) – COHSASA (33) & JCI (2)



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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

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

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

	MECHANISM	HOSPITALS	STANDARDS	ASSESSMENTS	ASSESSMENT LINKED TO REIMBURSEMENT	FUNDING	OUTCOMES
Tanzania	National Hospital Insurance Fund (NHIF) operated	3,547 (2007)	MOH Standards – Input & Process	“Regular”	YES	NHIF	All applicants accredited / Public facilities automatically accredited
Kenya	NHIF operated	400 (2009)	Kenya Health Standards – Input, Process & Outcome	Quarterly with Full Accreditation every 2 years	YES	NHIF	Public Hospitals automatically accredited
Uganda	MOH Accrediting Body	179	35 Basic 100 Sub-standards	Quarterly	NO	Donor - USAID	Suspended 2009 – Lack of funding

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Lane J, et.al. The Emergence of Hospital Accreditation Programs in East Africa: Lessons from Uganda, Kenya, and Tanzania. *Global Journal of Medicine and Public Health*. 2014; 3(2): 1-10. <http://www.gjmedph.org/uploads/O9-Vo3No2.pdf>

Other National Programs

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

Ghana

- National Health Insurance Scheme (NHIS)

The screenshot shows the NHIS website homepage. At the top, there are two promotional banners: "NHIS STAKEHOLDER DIALOGUE" with USAID and Health Finance & Governance logos, and "NHIS 10TH ANNIVERSARY CONFERENCE PRESENTATION MATERIALS". The main header features the NHIS logo and the text "NATIONAL HEALTH INSURANCE SCHEME" and "Your access to healthcare...". Below the header is a navigation menu with links: HOME, ABOUT US, DISTRICTS, PROVIDERS, CLAIMS, MEMBERSHIP, FAQ, MEDIA GALLERY, CONTACT US. A search bar is located on the right. The main content area is divided into three sections: 1. A banner for the "National Health Insurance Authority" announcing the "NHIS STAKEHOLDER DIALOGUE" with the theme "An Equitable and Sustainable Benefits Package Based on Evidence", dated 23rd & 24th October 2014 at La Palm Royal Beach Hotel. 2. A news article titled "NHIA sensitizes healthcare providers ahead of roll out of Biometric Instant ID Card issuance in the Eastern Region". 3. A "NHIS Call Centre" advertisement with contact numbers 054 444 6447 and 0302 74 6447, and a short code 6447.

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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

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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

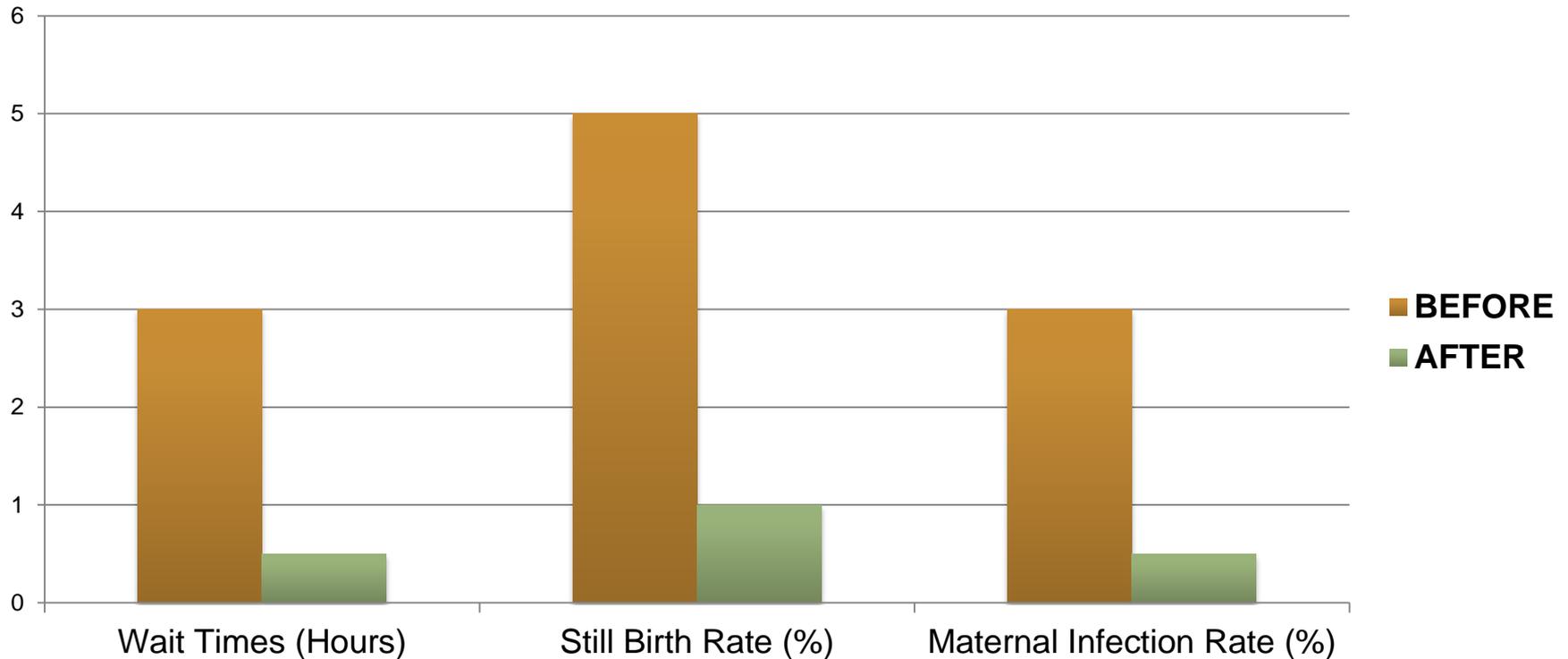
- 35 Hospitals internationally accredited
- Literature shares structures, models, funding mechanisms for national accreditation
- National accreditation schemes vary
- No single agreed-upon set of standards
- Funding a major concern for sustainability

Case Studies

Dream of a Future State

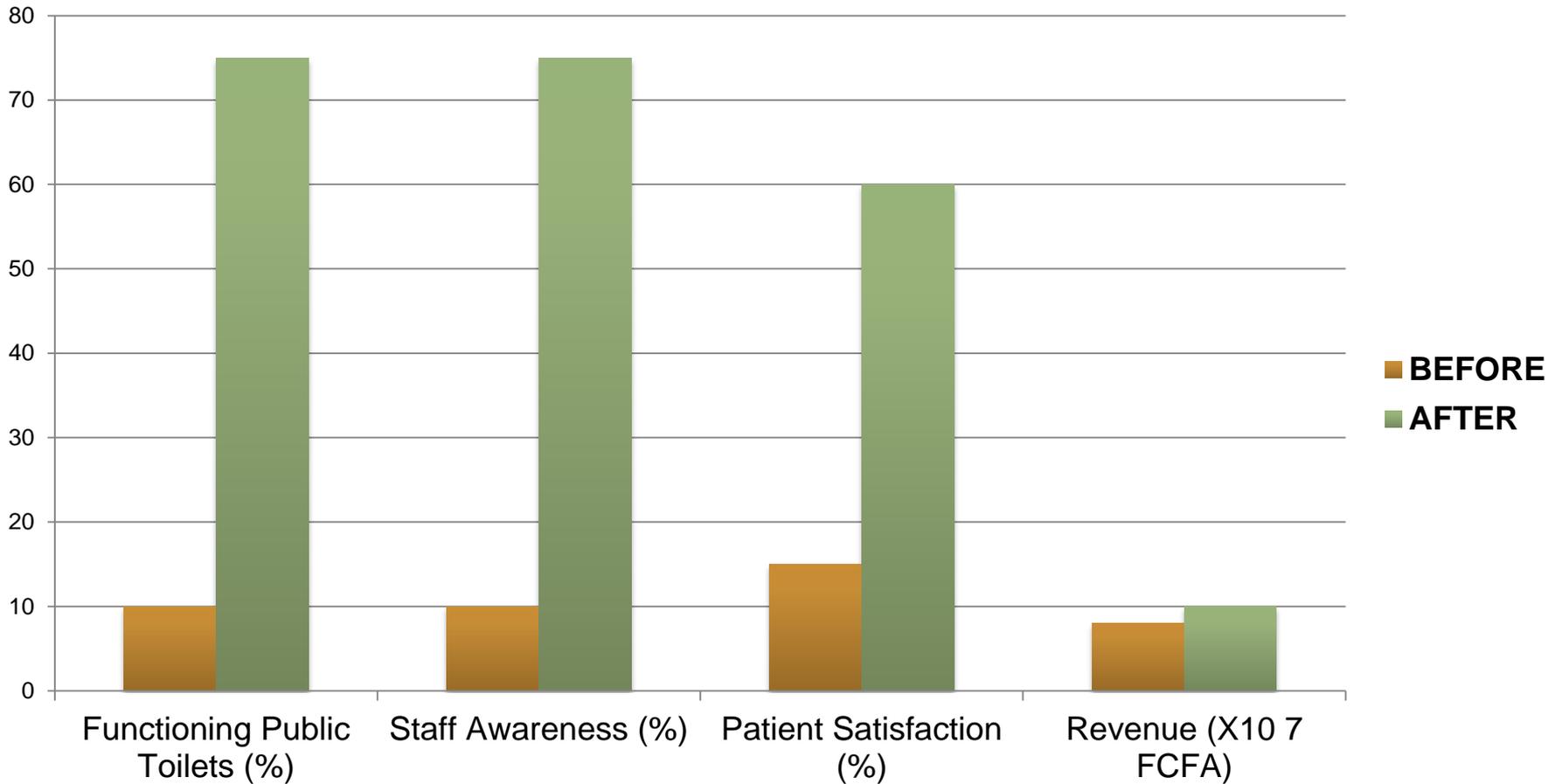
Buea Hospital

Buea Hospital Improvements – Decreasing Metrics



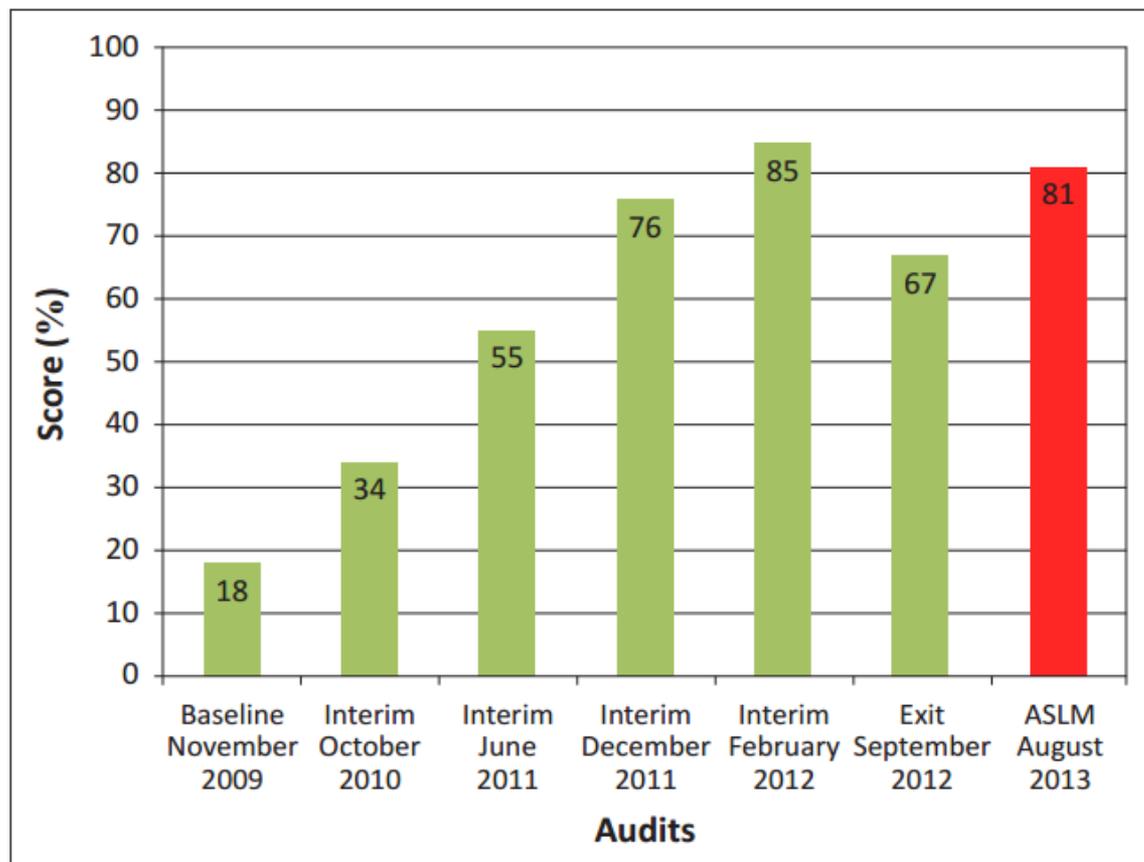
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Buea Hospital Improvements – Increasing Metrics



SLMTA Results - Bamenda

NKWAWIR, S., BATUMANI, N., MURATA, T., AWASOM, C.. From grass to grace: How SLMTA revolutionized the Bamenda Regional Hospital Laboratory in Cameroon. African Journal of Laboratory Medicine, North America, 3, nov. 2014. Available at: <<http://www.ajlmonline.org/index.php/ajlm/article/view/203>>. Date accessed: 29 Nov. 2014.



Bamenda Hospital



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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