Hospital accreditation in Poland

Basia Kutryba, NCQA WHO CC

European Patient Safety Exchange Mechanism (WP6) Workshop on self-assessment in accreditation of healthcare providers

Budapest, 28-29th November, 2013
National Center for Quality Assessment in Healthcare (NCQA), WHO CC

- First quality center in Central-Eastern Europe
- National Agency of the Ministry of Health
- Established by the Minister’s decree in 1994, based in Krakow;
- The only agency dealing with healthcare quality
- Since 2006 NCQA is also WHO Collaborating Center for Development of Quality and Safety in Health Systems
WHAT WE DO

Accreditation

- Patient safety programs: Surgical checklist; Clean Care is Safer Care
- Quality indicators (PATH system, OECD HCQI)
- Patient opinion surveys (PASAT)
- Staff surveys (SAPER)
- Decubitus register
- ED assessment
- Evaluation of high specialty procedures
- National ranking of hospitals „Safe Hospital”
- Partnership in EU projects (Marquis, Handover)

- Annual conference „Quality in Healthcare” since 1995
- Education and training in quality for healthcare professionals, managers and teams
Łac. **CREDO** – believe, **ACCREDITO** – to trust

- **Accreditation** – formal trust of the accrediting body (MoH) that by complying to accreditation standards, an organization (hospital) provides good patient care.
ACCREDITATION IN POLAND

- Started in **1998**

- Developed by **the Accreditation Center** at NCQA with the support of USAID and based upon the JCAHO and Canadian models and on the healthcare professionals agreement.

- **Hospital Accreditation Program** – 1998
- **Primary Care Accreditation Program** - 2004
- **Addiction Centers Accreditation Program** – 07.2013
ACCREDITATION IN POLAND

legal setting

- A Law of 6 November, 2008 on accreditation in healthcare (Dz.U. z 2009 r. Nr 52, poz. 418 i Nr 76, poz. 641)

- Decree of the Minister of Health of August 6, 2009 regarding the Accreditation Council (DZ.U. z 2009 r., Nr 130, Poz.1074)

- Decree of the Minister of Health of August 31, 2009 regarding the assessment procedure of complying to accreditation standards and the scheme of payment for conducting accreditation survey (Dz.U. z 2009 r., Nr 150, Poz.1216)
PRINCIPLES OF ACCREDITATION SYSTEM

- Voluntary
- Standards’ based assessment
- A peer review
- Focused on education and exchange of experience in improvement
- Autonomous
- Based on cyclic accreditation assessments
- Recently includes self-assessment
12 members appointed by the Minister of Health, including:

- 8 representatives of healthcare professional bodies and NGOs (doctors; nurses and midwives; pharmacists; medical labs, Polish Society for Quality Promotion, College of Family Physicians, Association of Healthcare Managers)
- 2 representatives of the Ministry of Health
- 1 representative of the Ministry of Defense
- 1 representative of the Ministry of Internal Affairs and Administration
ACCREDITATION STANDARDS

- **Have the legal status:** are approved by the Minister of Health

- Simple and clear

- **Useful tool** for management and professionals for creating a different hospital culture.
Hospital Accreditation Program

1998 (15 chapters, 210 standards)  2009 (15 chapters, 221 standards)
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Chapter</th>
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<tr>
<td>CC</td>
<td>Continuity of Care</td>
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<td>Patient Rights</td>
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<td>Nutrition</td>
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<td>QPS</td>
<td>Quality Improvement and Patient Safety</td>
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<td>GM</td>
<td>General Management</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>MOI</td>
<td>Management of Information</td>
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<td>MOE</td>
<td>Management of the Environment of Care</td>
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75% of compliance; 221 standards in 15 chapters.
ASSESSMENT OF STANDARDS

Type A
5 - Total compliance
1 - Lack of compliance

Type B
5 - Total compliance
3 - Partial compliance
1 - Lack of compliance

Type CA
5 - 100% patient records reviewed complies to the standard
1 - Less than 100% patient records reviewed complies to the standard

Type CB (exemplary % values)
5 - 90-100% 100% patient records reviewed complies to the standard
3 - 70-89% 100% patient records reviewed complies to the standard
1 - less than 70% 100% patient records reviewed complies to the standard
PHASES OF ACCREDITATION PROCESS

- Preparatory
- Accreditation survey
- Accreditation decision
PREPARATORY PHASE BEFORE THE SURVEY – MOST IMPORTANT!

- Learning about the accreditation program
- Establishing the QI Team and CEO Deputy for Quality Improvement
- Self assessment
- Compliance of hospital practice to accreditation standards
- Formal application for entering the accreditation process
- Financial obligations
- Establishing the date of survey
THE LOGISTICS OF ACCREDITATION SURVEY

- Defining the number of survey team
- Developing survey schedule and plan
- Conducting the survey as planned
- Assessing standards’ compliance (survey report)
WHAT’S IN A SURVEY

- **Review of hospital records and docs.**
  patient and medical records/procedures/programes/instructions/good practicers and their evaluation/ implementation procedures, analyses and reports.

- **Meeting with Hospital Board, Management and Teams**

- **Survey of hospital departments.**
  interviews with leaders; professionals, patients and families, direct observation
PATIENT RECORDS ASSESSMENT

- Review based on closed patient records including the fatalities
- First survey: medical records within the 6 months prior to accreditation survey.
- 34 standards (15% of all standards assessed)
- Quite difficult compliance!!!
- Accreditation includes management of documenting good patient care!!!
ACCREDITATION PROCEDURE POST SURVEY

- Accreditation report sent to the organization 14 days after survey
- Acceptance/refusal of the report within a fortnight
- Presenting all accreditation documentation to the Accreditation Council
- Recommending or refusing to recommend the organization to MoH
- Accreditation Certificate
Guided by the recommendation of Accreditation Council, based upon the documents provided by the NCQA Accreditation Center, the **Minister of Health** may:

- grant accreditation for 3 years (compliance **75%** or above)
- deny accreditation (compliance below **75%**)

Only the hospitals with positive accreditation decisions are published on NCQA website; the survey reports are not yet in public domain.
ACCREDITATION CERTIFICATE

- LOGO of accredited org.

- CERTA may be added to the name of accredited org.
WHAT CONTRIBUTES TO BEING ACCREDITED

- Leadership
  - Clinical leaders involvement
  - Staff & teams effort

N5 – „Patients receive dietary guidance upon discharge” (noncompliance in 96% of surveys)

AP5.7 – „Patient records include the assessment of nutrition and dietary needs” (noncompliance in 96% of surveys)

MOI4 – „Patient records are legible, complete and authorised” (noncompliance in 96% of surveys)

CP1.1 – „Plan of care is modified as needed” (noncompliance in 84% of surveys)

SA12.3 – „Long term outcomes of medical procedures are analyzed” (noncompliance in 84% of surveys)

Source: „The level of accreditation standards’ compliance in Polish hospitals,, Annual report for 2011, NCQA, Kraków 2012, M. Kalinowski
WHAT DOES ACCREDITATION DO TO A HOSPITAL?

Beaurocratic, useless burden if the only goal is to receive a certificate.
ACCREDITATION MAY CHANGE HOSPITAL BY MODIFYING STAFF VALUES AND ATTITUDES AND INTRODUCING DIFFERENT MODELS OF BEHAVIOUR AND TEAMWORK

THUS, THE CHALLENGE IS NOT ABOUT THE TECHNOLOGY BUT ABOUT THE PEOPLE
Accreditation standards improve safety of patient care because they introduce changes that reduce the risk of AEs.
MAJOR AREAS OF CHANGE IN THE ACCREDITED HOSPITAL

• Teamwork

• Improved information flow among the professionals’ groups

• Improved communication with patients

• Patient treatment based on clinical guidelines

• Risk reduction
WHAT DOES ACCREDITATION DO TO A HOSPITAL?

Hospital management perspective:

- Satisfaction from the prestigious award granted by the Minister of Health – accreditation is a distinct sign of improvement in the history of healthcare organization and earns public interest. Accredited hospital joins the elite group of hospitals with different organizational culture.

- Accreditation certificate is recognized by the National Health Fund during the pre contracting competition of offers.

- The modification of The Law on medical treatment includes 10% reduction of insurance fee per single hospital bed.

- Accreditation is a bonus in medical tourism and with respect to the EU Directive on patient rights in crossborder healthcare.
Staff perspective:

- **Contributes to the increase of professionals’ skills and qualifications by** recognizing the education needs of all professionals groups; planning the education and training and providing adequate funds in annual hospital budget

- Improves work organization and communication among staff

- **Provides data, information and knowledge about the results of own clinical practice and patient care, which introduce the improvement performance** (death analysis, readmissions, reoperations, prolonged hospital stays, resuscitation efficiency, anesthesia)

- More **safe working environment**: radiology, infectious materials, waste management, emergency alert situations
WHY ACCREDITATION?

Why getting accredited? Because the external assessment might notice more areas calling for improvement than we would had noticed. Because preparing for accreditation stimulates the hospital to introduce standards and procedures that improve patient and staff safety. (…)

Jerzy Kulikowski, President of the Polish Society for Quality Promotion in Healthcare
WRECZENIE CERTEFIKATU AKRETYTACYJNEGO DLA SZPITALA SWISSMED W GDAŃSKU, 5 MAJA 2011r.

Prześwietlanie o konieczności zapewnienia wysokiej jakości usług towarzyszy Szpitalowi Swismed Centrum Zdrowia od początku jego istnienia. Szpital otrzymał akredytację Ministra Zdrowia potwierdzającą najwyższy poziom usług i opieki nad pacjentem.


W trakcie uroczystości dokonano także symbolicznego przekazania uświetnienia w postaci egzemplarza Certyfikatu Akredytacyjnego dla Szpitala Swismed, w którym ostatecznie wykonana została firma zgodna z presentacją Rady Akredytacyjnej.

Szpital Swismed jako pierwszy w województwie pomorskim uzyskał akredytację na podstawie nowych standardów obowiązujących od I połowy 2009 roku.

Liczna ocena poziomu spełniania wszystkich standardów w Szpitalu Swismed wyniosła 82%. Przyznany Certyfikat Akredytacyjny nr: 2011/2 ważny jest do 10.05.2014 r.

Akredytacja odbyła się w ramach projektu uniwersalnego "Wsparcie procesu akredytacji w zakresie opieki zdrowotnej", współfinansowanego przez Unię Europejską.
469 surveys: 366 accreditation decisions; 45 conditional accreditations (in force till 2009); 58 denials.
77% of hospitals that applied were accredited; 5% of hospitals got above 90% of compliance.
70% of “newcomers” received accreditation certificate

87% of hospitals already in process received accreditation
Average compliance of accreditation standards
THANK YOU FOR LISTENING

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