Self Assessment in NIAZ Accreditation Program

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Introduction NIAZ

• Netherlands Institute for Accreditation in Healthcare
• NIAZ accreditation program started in 1998
• Organization:
  • 12 employees
  • 250 surveyors
• Dutch speaking countries
• Participation:
  > 85% of hospitals in NL
  > 40% of hospitals in Flanders
Other Institutes (long term care, mental hospitals)
History

• 1989: Pilot Project on Accreditation of Hospitals (PACE)

• 1998: establishment NIAZ, Netherlands Institute for Accreditation of Hospitals

• 2009: Netherlands Institute for Accreditation in Healthcare
Mission

- Contribution to **assurance** and **improvement** of the quality of healthcare by

- **Developing Quality Standards** & using them in external **evaluation** resulting in

- **Judgment**: third parties can see care is given in an adequate and safe way
Characteristics

• Voluntary accreditation
• Not for profit
• Independent of government
• Based on peer review
• Recognition of other certificates like CCKL, HKZ, for parts of the organization (laboratory, dialysis, et cetera)
Core activities

1. Development of Quality Standards
2. Accreditation of Healthcare Organizations
3. Training of surveyors (internal and external surveyors)
4. Knowledge dissemination: good examples
5. Network: theme-meetings
Financial independent

1. Temporary support of the founding organizations
2. The NIAZ is an financially independent institute paid by clients for its products from the primary processes: the development and assessment of standards
3. Business model based on a single startfee with an annual contribution
NIAZ Standards

- Quality Standard for Health Care Organizations
- Standard based on EFQM model
- Version 2.3 is established in December 2011
- Standards for specific Healthcare Organizations (long term care, mental healthcare)
NIAZ Standards

• Collaboration with Inspectorate for Healthcare and other quality & safety bodies.

• Incorporation of other elements/programs: safety management system (NTA 8009:2011), safe operating procedures, criteria set by indemnity insurers
National Recognition

• The NIAZ accreditation program has become a basis on which the government may rely for its own surveillance by the Inspectorate of Healthcare

• The Inspectorate of Healthcare builds upon NIAZ-assessment to prevent extra pressure on the organisations
Insurers companies

- No evaluation of Quality System........but also rely on and build upon the NIAZ accreditation...
Quality Standard for Health Care Organizations

1. Leadership
2. Strategy and policy
3. Management of members of staff
4. Management of means
5. Management of care and other processes
6. Results for network-partners
7. Results for members of staff
8. Results for management and society
9. Results for the patient

organization

Improvement and renewal

results
## Structure reference framework

<table>
<thead>
<tr>
<th>Accreditation-procedure</th>
<th>Quality Standard HC Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>GP</td>
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</table>
## NIAZ Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>322.05</td>
<td><em>De instelling heeft afspraken voor medewerkers die tijdens hun werk betrokken zijn geraakt bij schokkende gebeurtenissen.</em></td>
</tr>
<tr>
<td>NTA 8009:2011</td>
<td></td>
</tr>
<tr>
<td>322.06</td>
<td><em>De instelling heeft de opvang van klachten van medewerkers geregeld.</em></td>
</tr>
<tr>
<td>322.07</td>
<td><em>De instelling beschikt over een klokkenluidersregeling.</em></td>
</tr>
</tbody>
</table>
Quality of care = safe care

• For patients

• For members of staff

• For the ‘environment’; visitors, neighbors, community
Patient safety

- Hygiene and infection prevention
- Patient identity
- Medicine
- Blood
- Equipment
- Risk analysis and safety checks in procedures
- Quality and continuity of staff
Safety for members of staff

- Training
- Protective measures
- Encouragement to improve safety
- Safe environment to report complications, adverse events, et cetera
Safety for the environment

- Safety of buildings, fire safety
- Radiation, nuclear medicine, dangerous/toxic materials
- Waste management
- Encouragement to report unsafe situations
Accreditation

Assessment by Peer review

Four year cycle: survey visit every four years to continue accreditation status

Process:
• Self-evaluation
• Internal audit system
• Survey visit
• Report with findings and recommendations
• Assessment progress of improvements
Accreditation: how to start?
Quick scan based on General Standard

What is already been organized and on order?

1. “What” = General Standard for Health Care Organizations

2. “on order” = Works well in practice
Focus on priorities
Accreditation

NIAZ accredits what should be in place, not how it should be implemented.

Recognition of other accreditations and certificates: NIAZ accredits lessons learned from other/earlier accreditations to see if the quality cycle is in use.
What is a Self Assessment

- A look in the mirror
- With, by and for the whole team
- ‘What’ and ‘How’ in the current situation
- Leads to improvement plans
- Part of the Quality Cycle
## W & other questions

**W questions:** who, what, where, when

| **Who:** | which members of staff or working unit |
| **What:** | which action (tasks) in which order and according to which planning (time), which responsibilities and authority |
| **Where:** | at which places, departments and in which rooms |
| **When:** | clarity about which situation the arrangement is applicable |

### Other questions: decided, known, understood, adept, tested, adjusted and involved

| **Decided:** | the person responsible* has made a decision (and documented it) | plan |
| **Known:** | it is known by the members of staff involved | plan/do |
| **Understood:** | it is understood by the members of staff involved | plan/do |
| **Adept:** | it is also actually being carried out in practice | do |
| **Tested:** | its thoroughness has been checked (effectiveness, no damaging side effects) | check |
| **Adjusted:** | it has been adjusted according to the evaluation of its thoroughness | act |
| **Involved:** | the members of staff it concerns (for example because they have to carry it out) participate in design and revision | |

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* © NIAZ 2018
Conducting a Self Assessment

- The organization writes a Self Assessment Report (SAR) based on the General Standard
- In the SAR the organization makes clear what is organized to meet the conditions for granting the accreditation status
- The SAR shows the surveyors the most complete picture how the quality system of actually is organized
Conducting a Self Assessment

- The organization gives every standard element/criterion a score
- The score reflects the extent to which the appropriate standard element is implemented and secured
- The organization makes sure the given score per standard element is soundly based.
Conducting a Self Assessment

- It is desirable to define one or more examples illustrate the underpinning
- In the description of the way in which interpretation is given to the standard elements, it is important that the organization describes how it is organized **in the current situation** and not how it should be organized.
Conducting a Self Assessment

- Specify for each standard element in which document the policy, appointments or procedures, if any, have been recorded and on which page number(s) this can be found. This is a tool to show that the organization complies with the standard element (evidence).

- In the ‘result fields’ there should be results: numerical scores such as infection rates, pressure ulcer prevalence and percentage absenteeism over the past three years.
Pitfalls

- Consider accreditation as an inspection
- Unrealistic planning
- Putting many energy on the establishment of an internal audit system at the beginning without setting first a number of essential items in order
Pitfalls

- Standardize Procedures that are insufficiently tested to the practice
- Assign the elaboration of the standards not to the rightful owners (no responsibility)
- Emphasize too much on the ‘how’ (procedures) and lose sight of the ‘what’ (outcome)
Accreditatiebewijs

Nederlands Instituut voor Accreditatie in de Zorg (NIAZ)
verklaart hierbij dat

Ikazia Ziekenhuis Rotterdam

het betreft een tweede accreditatie

voorperiode: 1 november 2012 tot 1 november 2016
geaccrediteerd sinds: 11 juli 2008

De ‘Kwaliteitsnorm Zorginstelling’, de accreditatieprocedure en de eventuele aan dit accreditatiebewijs verbonden voorwaarden zijn te raadplegen op www.niaz.nl.

Accreditation Certificate

Netherlands Institute for Accreditation in Healthcare (NIAZ)
hereby declares that

Ikazia Ziekenhuis Rotterdam

is accredited

It concerns a second accreditation

accreditation period: 1 November 2012 until 1 November 2016
accreditation since: 11 July 2008

The ‘General Quality Standard for Health Care Organizations’, the assessment procedure and the possible conditions regarding this accreditation certificate may be consulted at www.niaz.nl.
Publication Policy

The NIAZ publishes information about the accreditation status and the results of the accreditation process of the organizations affiliated with the NIAZ via its website www.niaz.nl
Transparency

Patients have the right to know what hospitals do to systematically assure and improve quality of health care

Quality Law of Health Care organizations
ISQua accredited:
Organization
Standards
Training
All relevant documents, standards a.o. are available in an English version: www.niaz.nl

For more information: vanderheijden@niaz.nl