Different Accreditation Systems vs Different Healthcare Systems

HOSPITAL AUTHORITY HONG KONG

2nd March 2010

Linda O’Connor – Head of Quality
Center for Healthcare Planning and Quality
OBJECTIVES

- Define Healthcare Accreditation
- Outline Benefits of Healthcare Accreditation
- Identify Driving Forces for Accreditation – the Stakeholders
- Origin and Development of Healthcare Accreditation

**Review Healthcare Accreditation on an International Scale**
*(how different accreditation systems adopted in different parts of the world)*

1. Self-developed accreditation with ISQua accreditation  versus  
2. Accreditation with established international accreditor  versus  
3. Combination of 1. & 2. *(development and international accreditor)*

**Case Study:** “Accreditation: The Dubai Healthcare City Experience”
EXPERIENCES WITH ACCREDITATION

- 15 years experience in healthcare quality, 4 countries
- Roles – Healthcare Regulator, Surveyor, Quality Manager, Hospital Management Team, Quality Champion, Healthcare Consultant
- Many lessons learned!!
- Accreditation: ACHS (Australian Council on Healthcare Standards)
  - JCI (Joint Commission International)
  - CAP (College of American Pathologists)
- Consultancy Projects: CCHSA (Canadian Council – Accreditation Canada)
  - CHKS (Healthcare Accreditation and Quality Unit)
  - Gooch and Associates
  - HCPro
- Managed tender process to select DHCC Hospital Accrerator
- Developed standards, survey process for OP Clinics, Day Surgery Centers
- ISQua Accreditation of Quality Standards (according to ISQua Principles)
- Selected DHCC Laboratory Accreditors
- ISO Certified Internal Auditor, Certified Professional Healthcare Quality (CPHQ)
WHAT IS HEALTHCARE ACCREDITATION?
DEFINING HEALTHCARE ACCREDITATION

- Healthcare accreditation is a process in which an organization outside the healthcare organization, usually non-governmental, assesses the organization to determine if it meets a set of standards designed to improve quality of care.

- When accreditation standards are implemented, healthcare organizations are required to continually monitor structures, processes, and outcomes, measure indicators, evaluate, and improve the quality of healthcare services.

- Accreditation bodies are independent, non-profit organizations with main role to help healthcare organizations examine and improve the quality and safety of services they provide to their patients. They offer healthcare organizations a voluntary, external peer review to assess quality by assessing compliance with standards.
The main stages in process of accreditation including creation of team project, choosing a model of standard, training of staff members, implement requires, self-assessment, selection of priority and improving areas, and survey visit.

Usually, accreditation process comprises a self-assessment, on site survey carried out by a multidisciplinary team of healthcare professionals, a detailed report of findings, and periodic review.

During survey process, survey team visits a variety of inpatient and ambulatory units, and areas where high-risk services are provided to patients, including interviews with hospital leaders, professional staff members, and others.

Accreditation is awarded when it is been demonstrated that a healthcare organization meets agreed standards. The accreditation process does not end with the completion of the on-site survey; monitoring by accredited body continues during accredited period.
BENEFITS OF HEALTHCARE ACCREDITATION

A process where healthcare organizations compare their performance with recognized healthcare standards

Standards are patient-centered – aim to improve quality and safety of healthcare provided

Over time, organizations are required to demonstrate continuous improvement of structures, processes and outcomes

BENEFITS

- Improved quality of care
- Increased public / consumer confidence
- Increased efficiency, cost reduction, credibility with insurers
- Improved management systems
- Support of staff education
- External, objective evaluation

Research findings from accredited hospitals report significant improvements in: Leadership, Medical Records, Infection Control, Medication Errors, Staff Training, Credentialing, Quality Monitoring
OBJECTIVE: To improve the safety and quality of healthcare services provided to patients

Drivers for healthcare quality improvements come from key stakeholder groups, such as:

- Government
- Ministry of Health
- Healthcare Insurance Companies
- Healthcare Associations
- Healthcare Professionals
- Patients and their Families
- The Public
- International Agencies such as World Health Organization (WHO) and World Bank, who clearly promote improvement of quality and safety of healthcare services
ORIGIN & DEVELOPMENT OF HEALTHCARE ACCREDITATION
Healthcare accreditation initially developed for hospitals, but during time, moved to include primary care, laboratories services, and other healthcare organizations.

The process of accreditation originates from the United States. The American College of Surgeons set up a program of standards to define suitable hospitals for surgical training in 1917.

“Encourage those which are doing the best work, and to stimulate those of inferior standard to do better”

American College of Surgeons describing need for standardization of hospitals through accreditation.

This developed into a multidisciplinary program of standardization and in 1951 led to the formation of the independent Joint Commission on Hospital accreditation, now the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), from which all subsequent national programs have been directly or indirectly derived.
Earnest Codman MD: 1910

Proposes the “end result system of hospital standardization”. Under this system, a hospital would track every patient it treated long enough to determine whether the treatment was effective. If the treatment was not effective, the hospital would then attempt to determine why, so that similar cases could be treated successfully in the future.

Earnest Codman MD: 1917

“So I am called eccentric for saying in public that hospitals, if they wish to be sure of improvement:

1. Must find out what their results are
2. Must analyze their results, to find out their strong and weak points
3. Must compare their results with those of other hospital
4. Must welcome publicity not only for their successes, but for their errors”
ACCREDITATION ON A GLOBAL SCALE TODAY

- The U.S., Canada, and Australia have the oldest accreditation systems
- Germany, France, Ireland and Spain have new accreditation systems
- Japan, Korea, Malaysia and Thailand have new systems with government role
- The World Health Organization (WHO), and World Bank recognize and endorse accreditation as a process for improvement of healthcare quality
The number of accreditation programs around the world has doubled every five years since 1990.

Development has been especially marked in Europe. (Bulgaria, France, Germany, Ireland, Italy, Netherlands, Poland, Portugal, Spain, Switzerland, UK)

Many countries have obtained accreditation of their standards, in preparation to become an accreditation organization, or alternatively obtain accreditation through existing accreditation organizations.

Healthcare Accreditation is now truly a “Global” process.
IMPORTANT STRATEGIC DECISION – Accreditation Approach

1. ‘Develop your own national accreditation program’ versus ‘Obtain accreditation from existing accreditation organizations’

- Easier initially to grant reciprocity to other well established accreditor (faster – immediate, less expensive, less manpower – resources, no conflict of interest)

- Long-term benefits for establishing own accreditation system (knowledge, data)
ISQua - Accreditor of the Accreditors
ISQua – International Accreditation Programme

ISQua (International Society for Quality in Health Care) launched its International Accreditation Programme (IAP) in 1999

This is the only international programme that ‘Accredits the Accreditors’

As of December 2009 ISQua have accredited:

- 22 Sets of Standards
- 16 Organisations
- 5 Surveyor Training Programmes
ISQua Accreditation is public recognition by ISQua of the achievement of the ISQua international standards or principles.

Involves an impartial and independent review system of external peer assessment of the organization’s performance, standards and training/education programs in relation to the standards.

Provides confidence and credibility through formal worldwide recognition that an organization meets agreed international standards specifically developed and tested for health care external evaluation bodies.

It provides reassurance to governments, funders, clients and the organisation itself that its performance, standards, or training programmes meet the highest international standards and are continuously improved.
INTERNATIONAL ACCREDITATION PROGRAMME – 3 Award Categories
ISQua ACCREDITED STANDARDS – 22 Sets of Standards Globally

Accredited Standards

Accreditation Canada
Australian Council on Healthcare Standards x 2 - ACHS
Autism Accreditation, UK
Healthcare Accreditation Quality Unit, UK
Council for Health Service Accreditation of Southern Africa x 4 sets - COHSASA
Department of Families and Communities, South Australian Health Department, Australia
Egyptian National Accreditation Organization, Ministry of Health and Population
Health Care Accreditation Council, Jordan
Hong Kong Aged Care Accreditation
Japan Council for Quality Health Care
Joint Commission International, USA
Malaysian Society for Quality in Health
Medical Accreditation Committee, Kyrgyzstan Republic
National Accreditation Board for Hospitals and Healthcare Providers, India
Quality Improvement Council, Australia
Royal Australian College of General Practitioners
Royal Australian College of General Practitioners
Taiwan Joint Commission on Healthcare Accreditation
The Danish Institute for Quality and Accreditation in Healthcare
The Irish Health Service Accreditation Board x 3 sets
Netherlands Institute for Accreditation in Healthcare - NIAZ
Center for Healthcare Planning & Quality, Dubai Health Care City - CPQ DHCC
<table>
<thead>
<tr>
<th>Accredited Organisations</th>
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<tbody>
<tr>
<td>American Association of Blood Banks, Accreditation and Quality Programme - AABB</td>
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<td>Accreditation Canada</td>
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<tr>
<td>The Australian Council on Healthcare Standard - ACHS</td>
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<tr>
<td>Australian General Practice Accreditation Limited / Quality in Practice - QJP/AGPAL</td>
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<td>Healthcare Accreditation Quality Unit, UK - CHKS-HAQ</td>
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<td>Council for Health Service Accreditation of Southern Africa - COHSASA</td>
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<td>Health Accreditation System of Instituto Colombiano de Normas Técnicas y Certificación, Colombia - ICONTEC</td>
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<td>The Irish Health Service Accreditation Board - IHSAB</td>
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<td>Malaysian Society for Quality in Health - MSQH</td>
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<td>Quality Improvement Council and the QIC Accreditation Program, Australia - QIC</td>
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<td>Taiwan Joint Commission on Healthcare Accreditation - TJCHA</td>
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<td>Health and Disability Auditing New Zealand - HDANZ</td>
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<td>Global-Mark Pty Ltd, Healthcare Certification Programme</td>
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<td>Aged Care Standards and Accreditation Agency, Australia - ACSAA</td>
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ISQua ACCREDITED SURVEYOR TRAINING PROGRAMMES – 5 Globally

Accredited Training Programme

- Aged Care Standards and Accreditation Agency, Australia - ACSAA
- Australian Council on Healthcare Standards - ACHS
- American Association of Blood Banks - AABB
- Netherlands Institute for Accreditation in Healthcare - NIAZ
- Health Care Accreditation Council, Jordan - HCAC
# ISQua ACCREDITATION BY COUNTRY – 17 Countries Participating

<table>
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<tr>
<th>COUNTRY</th>
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<td>NEW ZEALAND</td>
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**COMPARISON OF HEALTHCARE SYSTEMS**

Health care systems are composed of individuals and organizations aiming to meet the health care needs of target populations. There are a wide variety of health care systems around the world.

In some countries, the health care system planning is distributed among market participants, whereas in others planning is made more centrally among governments, trade unions, charities, religious, or other coordinated bodies to deliver planned health care services targeted to the populations they serve.

Direct comparisons of health statistics across nations are complex.
The Commonwealth Fund, in its annual survey, "Mirror, Mirror on the Wall", compares the performance of the health care systems in Australia, New Zealand, the United Kingdom, Germany, Canada and the U.S. Its 2007 study found that, although the U.S. system is the most expensive, it consistently underperforms compared to the other countries.

A major difference between the U.S. and the other countries in the study is that the U.S. is the only country without universal health care.

The OECD (Organization for Economic Co-operation & Development) also collects comparative statistics, and has published brief country profiles.

Efficiency and effectiveness of service are the focus of these profiles.

Most efficient is Healthcare in Taiwan, costing 6 percent of GDP (approx. 1/4 US cost), universal coverage by a government-run insurer with smart card IDs to fight fraud.
## Comparison of Healthcare Statistics – OECD

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<th>Country</th>
<th>Life expectancy</th>
<th>Infant mortality rate</th>
<th>Physicians per 1000 people</th>
<th>Nurses per 1000 people</th>
<th>Per capita expenditure on health (USD)</th>
<th>Healthcare costs as a percent of GDP</th>
<th>% of government revenue spent on health</th>
<th>% of health costs paid by government</th>
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<td>10.1</td>
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<td>78.1</td>
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<td>2.4</td>
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<td>7,290</td>
<td>16.0</td>
<td>18.5</td>
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MAJOR COMPONENTS OF NTNL. HEALTH SYSTEMS INFRASTRUCTURES

Delivery of Health Care (3)
- Primary Care
- Secondary Care
- Tertiary Care

Organised Arrangement of Resources (2)
- National Health Authorities
- Health Insurance Programmes
- Other Governmental Agencies
- Non-Governmental Agencies
- Independent Private Sector

Management (5)
- Leadership
- Decision Making
- Planning
- Implementation
- Monitoring and Evaluation
- Information Support
- Regulation

Economic Support (4)
- Public Sources
- Employers
- Voluntary Agencies
- Community Efforts
- Foreign Aid
- Private Households
- Other

Development of Health Resources (1)
- Manpower
- Facilities
- Equipment and Supplies
- Knowledge
Due to the near-universal desire for quality healthcare, there is a growing interest in international healthcare accreditation.

In any part of the world healthcare services can be provided either by the public sector or by the private sector, or by a combination of both, and the site of delivery of healthcare can be located in hospitals or be accessed through practitioners working in the community, such as general medical practitioners and dentists.

Providing healthcare of an adequate standard, is complex and challenging. Healthcare has medical, dental, social, political, ethical, business, and financial ramifications.

People are expressing ever-greater expectations of hospitals and healthcare services.

Interest in hospital accreditation as far as the World Health Organisation, recognising that accreditation is an important component in patient safety.
Some hospitals use international healthcare accreditation as a form of advertising – Medical Tourism (low cost, high quality healthcare)

International healthcare accreditation supported by millions of (especially) Europeans and Americans seeking healthcare overseas outside of their own countries for a variety of reasons (including and especially affordability)

Increasing importance to the economies of many countries

- Singapore
- Thailand
- India
- Hong Kong
- Malaysia
- The Philippines
REASONS FOR MEDICAL TOURISM – Seeking Healthcare Overseas

- Healthcare too expensive at home

- Waiting lists too long

- Patients wish to access treatments not available at home
  (e.g. stem cell therapy, termination of pregnancy, unlicensed medications, gender re-assignment surgery)

- Patients wish for greater confidentiality than may be feasible at home
  (e.g. HIV/AIDS treatment, infertility treatment, gender re-assignment surgery, face lifts)

- Access to new medical developments / technology not universally accessible

- Social circumstances (war, political change and natural disasters)
Partners Harvard Medical International

"Internationally, the growth of the health care industry has resulted in increased competition, leading hospitals to attempt to differentiate themselves through accreditation and certification by internationally recognized health care evaluators. Recognition from these organizations is a powerful symbol of a health care organization's commitment to high-quality health care, continuous improvement across all aspects of patient care and services, and patient safety".

NOTE: The different accreditation schemes vary in approach, quality, size, intent and the skill of their marketing. They also vary in terms of costs incurred by hospitals and healthcare institutions.
INTERNATIONAL HEALTHCARE ACCREDITORS—“The Big 3”
INTERNATIONAL HEALTHCARE ACCREDITORS
INTERNATIONAL HEALTHCARE ACCREDITORS – Role in Asia

- **Australian Council for Healthcare Standards International (ACHSI)**
  - Based in Australia
  - Current contract with Health Authority Hong Kong to accredit hospitals and train local surveyors

- **Joint Commission International (JCI)**
  - Based in USA
  - First hospital accredited in Asia by JCI was Bumrungrad International Hospital, in 2002

- **Accreditation Canada**
  - Based in Canada
  - No accreditation in Asia

- **Trent Accreditation Scheme**
  - Based in UK
  - First scheme to accredit a hospital in Asia, in Hong Kong in 2000
In June 2005, after increasing global interest, the Australian Council on Healthcare Standards (ACHS), Australia’s leading health care accreditation provider, established ACHS International

ACHSI Standards are based on the ACHS Standards. Standards focus on being culturally appropriate for many countries and cultures, whilst the standards remain comparable with those used in health care organisations in Australia.

The preferred approach is to be flexible and responsive to local cultural and program requirements.

Since ACHSI was established in 2005 it has quickly developed a strong market identity with customers in the Middle East, India and Hong Kong.

ACHS, including its subsidiary ACHSI, has been accredited by the ISQua International Accreditation Program since 1997.

The Chief Executive of ACHSI is currently the Chairman of ISQua’s International Accreditation Federation Council.
ACCREDITATION -
The Dubai Healthcare City Experience
CURRENT ACCREDITATION ROLE – Dubai, United Arab Emirates
DHCC PARTNERS

HMSDC
HARVARD MEDICAL SCHOOL DUBAI CENTER
INSTITUTE FOR POSTGRADUATE EDUCATION AND RESEARCH

Mayo Clinic
Mayo Clinic Heart Clinic

Johnson & Johnson

SIEMENS

Boston University Dental Health Center

Harvard Medical International

Dr. Sulaiman Al-Habib Medical Center

AstraZeneca

Fresenius Medical Care

American Academy of Cosmetic Surgery Hospital

Smith & Nephew

Moorfields Eye Hospital Dubai
Branch of Moorfields Eye Hospital London

Universitätsklinikum Hamburg-Eppendorf
The internationally-recognized location of choice for quality healthcare and an integrated center of excellence for clinical & wellness services, medical education & research

The mission of Dubai Healthcare City is to create a platform for the provision of healthcare, education and research services within an informed regulatory framework. We are at the forefront of healthcare delivery by continuously responding to emerging healthcare needs to improve the lives of people.
ACCREDITATION STRATEGY FOR DUBAI HEALTHCARE CITY

HOSPITALS

- 6 year contract with JCI to accredit DHCC hospitals (com. 2007)
  1. Standards developed by international team of experts, international application
  2. Experience, track record as international accreditor
  3. Experienced international surveyors
  4. Decision process involving an accreditation committee which is international in its composition
  5. Stability, financial health as an organisation

OUTPATIENT CLINICS / DAY SURGERY CENTERS

- Developed our own standards and survey process (com. 2006)
  1. Facilities surveyed prior to opening, 6 months of operation, 18 months of operation, then every 2 years
  2. Pre-requisite for re-licensure
  3. Standards ISQua accredited 2009

INDEPENDENT LABORATORIES

- Labs accredited within 12 months, by DHCC approved accreditor
  - CAP, ISO 15189 and/or ISO 17025, JCI, NATA, CPA / UKAS

RETAIL PHARMACIES

- Assessment by QID according to DHCC Pharmacy Rule
ISQua
ACCREDITATION OF OP CLINIC
QUALITY STANDARDS –

“Improving standards, &
gaining international recognition”
Goal is to bring the highest quality of healthcare standards to the DHCC outpatient clinic setting

Approach used similar to organizations such as Joint Commission International (JCI) and Australian Council on Healthcare Standards (ACHS) that provide health care standards in hospital settings.

The CPQ Outpatient Clinic Assessment Survey Process is conducted in compliance with the CPQ Outpatient Clinic Quality Standards, focusing on patient care and patient safety.

The process serves as a tool for continuous quality improvement and the process for re-licensure of health organizations.
DEVELOPMENT OF TABLET PC & CUSTOMISED SOFTWARE
The standards were first developed in 2005, following a comprehensive review of national healthcare standards developed and implemented in Australia, Canada, the United Kingdom, and the United States.

They were adapted to meet requirements of the Middle East, as identified by U.A.E. nationals that were involved in the standards development process.

The first published version was approved by the Quality Council in March 2006.

The second published version was approved by the Quality Council in October 2006.

The current version was approved by the Quality Council, Standards Council and Legal Department of Tatweer in February 2009.
The current version of quality standards was revised after review of the “ISQua International Principles for Healthcare Standards”

Surveyors and Quality Improvement staff revised existing standards, and developed additional standards according to ISQua principles

Standards were subject to numerous reviews from content experts, clinical and non-clinical staff from health organizations and patients (65 stakeholders contributed to the review process)

Recommendations were incorporated from these stakeholders, in addition to feedback received from surveyors and health organizations, following a pilot implementation. Further recommendations were incorporated after Council and legal review

Future revisions will be conducted on an annual basis, according to feedback received from stakeholders
The Quality Improvement Department obtained ISQua accreditation of the CPQ Outpatient Clinic Quality Standards in June 2009!!

This initiative demonstrates our commitment to the Center for Healthcare Planning and Quality (CPQ) vision “To become the leading regional center of excellence offering the highest standards of quality in healthcare”

These are the 3rd set of accredited outpatient standards globally

The CPQ standards are the 1st Accredited Outpatient Clinic Standards to encompass all outpatient settings (ranging from a 1 man clinic to a comprehensive day surgery center)

This is an achievement we are very proud of!!
ISQua CERTIFICATE OF ACCREDITATION – CPQ OP Clinic Standards

The Center for Healthcare Planning & Quality (CPQ), Dubai

Outpatient Clinic Quality Standards

Awarded by ISQua following an independent assessment against the ISQua International Principles for Healthcare Standards

The period of Accreditation of these Standards is from June 2009 until May 2013

The International Society for Quality in Healthcare
IMPROVING COMPLIANCE TO STANDARDS

Score in %

- 6 Month Assessment Survey: 79.4%
- 3 M Follow up Survey: 80%
- 6 M Follow up Survey: 93.2%
- 18 M Assessment Survey: 90.4%
- 18 M Follow up Survey: 100%

Type of Assessment
Improve Outpatient Clinic Compliance to CPQ “Outpatient Clinic Quality Standards”, to Improve Quality of Medical Care

“Challenging Core Standard”: any standard that at least 50% of facilities could not meet, or only partially met, at the time of initial 6 month assessment survey

1. Create **Database** to collate assessment survey results, and identify areas for improvement
2. Establish **Multi-Disciplinary Team** to address individual challenging core standards, through development and implementation of comprehensive action plan
3. Develop Quality Improvement Education and Workshops Program
Improved Facility Compliance to Challenging Standards after Implementation of Initiatives

The “Challenging Standards Initiative”, incorporating a multidisciplinary approach and education, directly resulted in significantly improving compliance to quality standards.
DHCC – WINNERS OF THE DUBAI QUALITY AWARD IN 2009

Dubai Healthcare City
Proud winners of Dubai Quality Award 2008
TAKE HOME MESSAGES FOR GLOBAL ACCREDITATION

1. Accreditation has many benefits, but the most important is improved healthcare quality and safety.

2. There are many stakeholders in accreditation, including the patient, the community, Ministry of Health, insurance companies, the healthcare organisation.

3. Accreditation is a ‘global’ process.

4. ISQua accreditation ensures that accreditation programs meet internationally accepted healthcare standards.

5. Whether you create your own accreditation organization, or become accredited by a recognised international accreditor, you and your organization will ultimately benefit from the accreditation process.

WISHING YOU GREAT SUCCESS WITH YOUR ACCREDITATION JOURNEY!
THANK YOU