

Proposal on Accreditation Program

Report to HSRI

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We must have a mutual understanding of what accreditation is all about.

The concept of accreditation is often misunderstood, which result in the opposition toward the accreditation program.

In its simplest form, accreditation ask, what function is being performed, what is being done and why.

When it has been determined what is being done and every one is satisfied with the reasons why it is being done, than, one must look at the function to make sure that it is being performed well within the available resources. That becomes the minimum standard.

The next step is to see if there are better ways of doing that same function.

There is nothing new, there is nothing different.

It is the organization themselves who look at what they are doing and determine at what minimum level it is to be done. This is the standard.

In order to do a job, or perform a function, you must have tools (resources). It is Management, together with the one responsible to carry out the function that determine the type of tools (resources) that are needed.

It can be said that the accreditation process is the appropriate management of the available resources.

To do a function well, does not depend on the quantity of resources, but rather, how the resources are used most appropriately to realize the optimum quality of care.

When a function is to be performed, one must look at the available resources and decide how the job can best be done within the resources at your disposal.

You set the expected outcome, or goal, and evaluate the outcome to see if the job is done well and if there are better ways of doing it.

Management must understand that resources, as well as standards, come in three areas.

Management, deals with the Physical, Human and Financial resources, and Standards deal with the Physical, Management and Quality of Care.

In the utilization of these resources, the Human resource is the most important.² To realize the quality of care, there-fore, it is management's responsibility to develop this resource to its optimum.

In setting standards, management must look at the available resources and set the standard of performance within the available resources.

We realize that there are differences in the available resources between the teaching hospital and the small community hospital.

These differences in resources is no reason to inappropriately use them in order to do a poor job.

In the accreditation process we must perform the functions with what we have available.

Management must never be satisfied with the merely the best but rather reach for excellence in performance.

This basic concept is not very well understood. There is a misconception in that resources determine the quality of care. This is not so. Resources are only the tools which we use to perform a function.

It is the interdisciplinary approach, it is the working together as a team, (which includes the patient), that determines the quality of care.

It is a learning process, whereby we learn from the experiences of one another.

Self evaluation is not an audit, nor is it an inspection, it is a learning process.

The Joint Committee is a resource that facilitates hospital management and staff in this process.

The purpose of the interviews with various groups and individual was to ascertain from them their thought, feeling, opinion and opposition to the accreditation program.

It is fair to say that **the general impression is in favor of having an accreditation program.** A program that set as well as evaluate the standard.

Not all the comments made were entirely without opposition. The reception was from very enthusiastic to a mere agreement that standards are necessary.

When asked as to who should head up such a program, **it was generally agreed that the government should be responsible for setting up a Council or Committee.**

The committee should be a NGO with representation from academic community, private sector, consumer and perhaps other appropriate group or individuals.

There was not a anonymous agreement whether the program should be voluntary or compulsory.

The universities and colleges were in favor of a voluntary program. But for the program to work there must be direction from the government and, therefore, the general suggestion was in favor of a compulsory program.

In the discussion, it was made very evident that management must play an important role in the accreditation program. Not only give its support, but provide real leadership.

The incentive of the program were discussed and there were various opinion. Most of them relate to financial incentives. Some suggested that hospitals who do not meet the minimum standards should not be paid. Other incentives included the remuneration of physicians, the workload of physicians and the availability of professional health care workers.

Even though the council would be responsible to issue the certificate of reward, this does not seem to play an important part of the whole process.

The opposition expressed to the program was mainly related to the extra workload that would be placed on physicians.

Even though not expressed in words, but **there appeared to be opposition from the private hospitals in that the evaluation of standard may lead to a more appropriate use of resources such as the utilization of the diagnostic facilities and hospital bed utilization which would result in a decrease of income, and therefore a loss to the profits a hospital could generate.**

A study was done by the Chulalongkorn University, Department of Medicine, that actually prove a substantial saving as a result of better utilization of resources. This scenario does not fit in with the private hospital philosophy of making a profit.

The cost of the program were discussed as well. It was generally felt that even though the ongoing cost of operating the Council would be minimal compare to the actual cost saving that will occur in the long run.

There was a feeling expressed in the difficulty with the present health care system in that it may restrict the implementation of the program because of the centralized control and the involvement of various Ministries in the operation of the hospitals.

The opinion of the politicians interviewed was that the launching of the program should not pose a problem with the various Ministries. If legislation is set the Ministries will work together. The government is not opposed to decentralization of control in giving control to local management of the hospital and the local community.

Many individuals felt that this decentralization of control is a necessity in order to gain full acceptance of the program.

Education seem to play an important part of the program as expressed by those interviewed, in that the government should support the council financially as well as through legislation in order for the council to provide guidance, training, education and continual support to hospital management in the implementation of the program and in the setting up of a system to verify the self evaluation process.

The council could be self supporting in the future through a fee-for-service charge to the hospital, providing the government would allow those charges to be part of the operating budget.

It was generally agreed that **when the accreditation council assist the hospital, the council should look at the present situation of the hospital and use the present situation as a minimal standard and help hospital management to improve on that standard and eventually make the standard uniform in all the hospitals across the country.**

The academic institutions agreed that training for the accreditation process should start with them in teaching medical students as well as other health professionals in the evaluation of performance and setting of standards.

Even though it has not been confirmed by all colleges, there was general agreement that the consortium of colleges should take on the responsibility to set professional health care standard for all hospitals.

In our deliberation, management of the public hospitals appear to be of some concern in that there is a general lack of professional management and leadership skills.

The understanding of the accreditation program, not only the evaluation process but also in the standard related to the quality care, is not very well understood or comprehended.

Particularly as related to the medical staff organization in the hospital and their responsibility to the credentialling of physicians, the delineation of function/privilege, the peer review process and medical record standard.

Standards in this area will directly effect the autonomy of the individual physician. In order to meet the standard, it will force physicians to look at their own activities and to work as a team. This in itself is a change in philosophy from the present practice, whereby physician who once receive their license can practice according to their own conscience and feeling.

The need for rectification of physicians was also mentioned. Several colleges are considering this possibility. This process would, however, be the responsibility of the colleges.

The setting and the compliance and evaluation of standards would be the responsibility of hospital management.

The availability of trained physicians and other para medicals are very limited at present. The Government in conjunction with the educational institutions must look at this problem.

To provide the necessary information and training to hospital management and staff, the council must be prepare to start the project on a pilot basis and ensure that there are Professional Managers as well as Physicians and Nurses on the training team. This is very important for the program to have an impact.

At least 20 hospitals should be involved in the pilot project. The hospitals should be chosen from a variety of institutions. Some large and some small, some sophisticated and others who are struggling with qualified people.

Each hospital should be trained by a group of experts,

i.e. One professional nursing instructor, to provide training in the setting of standards on the nursing units as well as for the diagnostic services and support services.

One physician, to provide training for the medical staff.

One professional manager, To assist with the formulation of by-laws, terms of reference, policies, etc.

This group of expert should work with Hospital Management and the hospital staff, on site in the hospital, for a period of 2-6 weeks, depending on the need, with a prepared curriculum. Examples of all the necessary documents should be available for the hospital staff, e.g. by laws, terms of reference for each committee, fire rule & regulation, internal and external disaster plan, policy manual, ward manual, desk manual, job description, performance appraisal system, to name just a few.

The hospital staffs should document what they are doing in the prescribed format. Nothing new will be added to the hospital standards at this first time. Most standards are in place, even though, at present not recorded or adhered to.

The training team will provide and teach a mechanism to assess the standards and measure the performance and assure that the standards are adhered to.

After the first period of training, the group should have a follow up visit to the hospital within 4 months or so, and than again within one year.

A group of three teachers should be able to provide training for 8 to 10 hospitals during a one year period.

For the pilot project of 20 hospitals, we need at least 2 groups of three full time teachers for the first year.

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More trainers are needed if we want them to work on a part time basis.

Retired physicians, managers and nurses are good candidates to become trainers for the accreditation program.