



Република Србија  
МИНИСТАРСТВО ЗДРАВЉА



SOUTH-EASTERN EUROPE  
HEALTH NETWORK



АГЕНЦИЈА ЗА АКРЕДИТАЦИЈУ  
ЗДРАВСТВЕНИХ УСТАНОВА СРБИЈЕ



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# Development of Accreditation standards for Maternity Wards and Neonatal Departments – Goals and Objectives

Dr Snezana Manic  
Director AZUS

# What is accreditation?

- Formal process of evaluation
- Carried out by recognized body
  - Government or independent agency
- Assesses an organization's performance against pre-determined and published standards
- Assessment done by peer reviewers (surveyors) using prescribed process
- Result of assessment is an accreditation status (accreditation; non-accreditation; graded)

# Goals of Accreditation

- Ensure safety
- Maintain and improve quality
- Promote effective delivery of care/service
- Promote efficient delivery of care/service
- Create uniformity of care/service across the health care system
- Promote the development of the health care system
- Help to create public confidence in the health care system

# Accreditation as part of the health care monitoring and evaluation strategy

- Licensure
- Accreditation
- Certification

# Licensure

- Mandatory
- Governmental authority
- Individual/organization
- Regulations to ensure minimum standards
  - Individuals: exam or proof of education/competence
  - Organization: on-site inspection
- Minimum Standards

# Accreditation

- Generally voluntary but may be mandatory
- Recognized body, NGO or government
- Generally organization wide, but may be service-based
- Compliance with published standards, on-site evaluations; compliance generally not required by law
- Standards set at maximum achievable level to stimulate improvement over time

# Certification

- Voluntary
- Authorized body, usually an NGO but may be government
- Individual certification:
  - Evaluation of predetermined requirements, additional education/training
  - Compliance not required by law
  - Standards set by professional specialty boards
- Organizations or organizational component:
  - Demonstrate additional capacity, systems, services
  - Compliance not required by law
  - Industry standards; conformance (e.g. ISO)

# Current Trends in Accreditation

- Trend 1: Rapid growth in accreditation
  - 2009 survey found 62 national accreditation  
25% still in developmental phase
  - 33% of programs were in Europe
  - Only 5 existed before 1990; number doubled  
1990-95; more than doubled in next five  
years

# Current Trends in Accreditation

- Trend 2: Accreditation applied across the continuum of care
  - Patient move from care sector to care sector in episodes of care
  - Assessing quality of care requires movement across sectors
  - However, accreditation programs often begin with the acute care sector

# Current Trends in Accreditation

- Trend 3: Public reporting of accreditation findings
  - Consumer and payers (often government) are demanding more information about quality of care
  - Result: demand for more information derived from quality monitoring processes such as accreditation to be made public
  - Accreditation can provide data on quality of care at the organization and system levels
  - Accreditation reports can be released in their entirety or data can be aggregated across organizations
  - Data can highlight major system achievements/problems

# Current Trends in Accreditation

- Trend 4: More precise reporting through accreditation
  - More rigorous measurement of quality
  - Demand for accreditation to find ways to better measure quality through surveys
  - Demand for better ways to report quantified results of accreditation

# Current Trends in Accreditation

- Trend 5: Increase of mandatory accreditation
  - Governments and other payers are demanding more accountability
  - Accreditation is being viewed as a tool that can help health care organizations be accountable
  - Uniform standards can help to achieve desired accountability
  - Caution: mandatory accreditation can have an impact on motivation to improve

# Current Trends in Accreditation

- Trend 6: Movement to outcomes
  - Evaluation focuses on: structure, process and outcome
  - Today, focus is on outcomes of care/service
  - Many accreditation standards are being revised to emphasize outcomes
  - However, still need structure and process
  - Many new programs concentrate first on structures, then move to process and outcome

# Current Trends in Accreditation

- Trend 7: Shift from quality assurance to quality improvement
  - Shift began in industry but entered health care in the 1980s
  - Quality is the business of the entire organization
  - Leadership and team work are essential
  - The organizations must constantly look for ways to improve its care and services
  - Use of measurement to show progress; use of statistical techniques for monitoring

# Current Trends in Accreditation

- Trend 8: Increased emphasis on patient safety
  - Various studies from around the world have confirmed that high rates of adverse events (unintended injuries or complications resulting in death, disability or prolonged hospital stay mostly arise from health care management) occur in hospitals
  - Accreditation now emphasizing: team approach for monitoring and resolving patient safety issues, a proactive approach to finding potential adverse events, follow-up and action when problems have occurred and error reporting systems

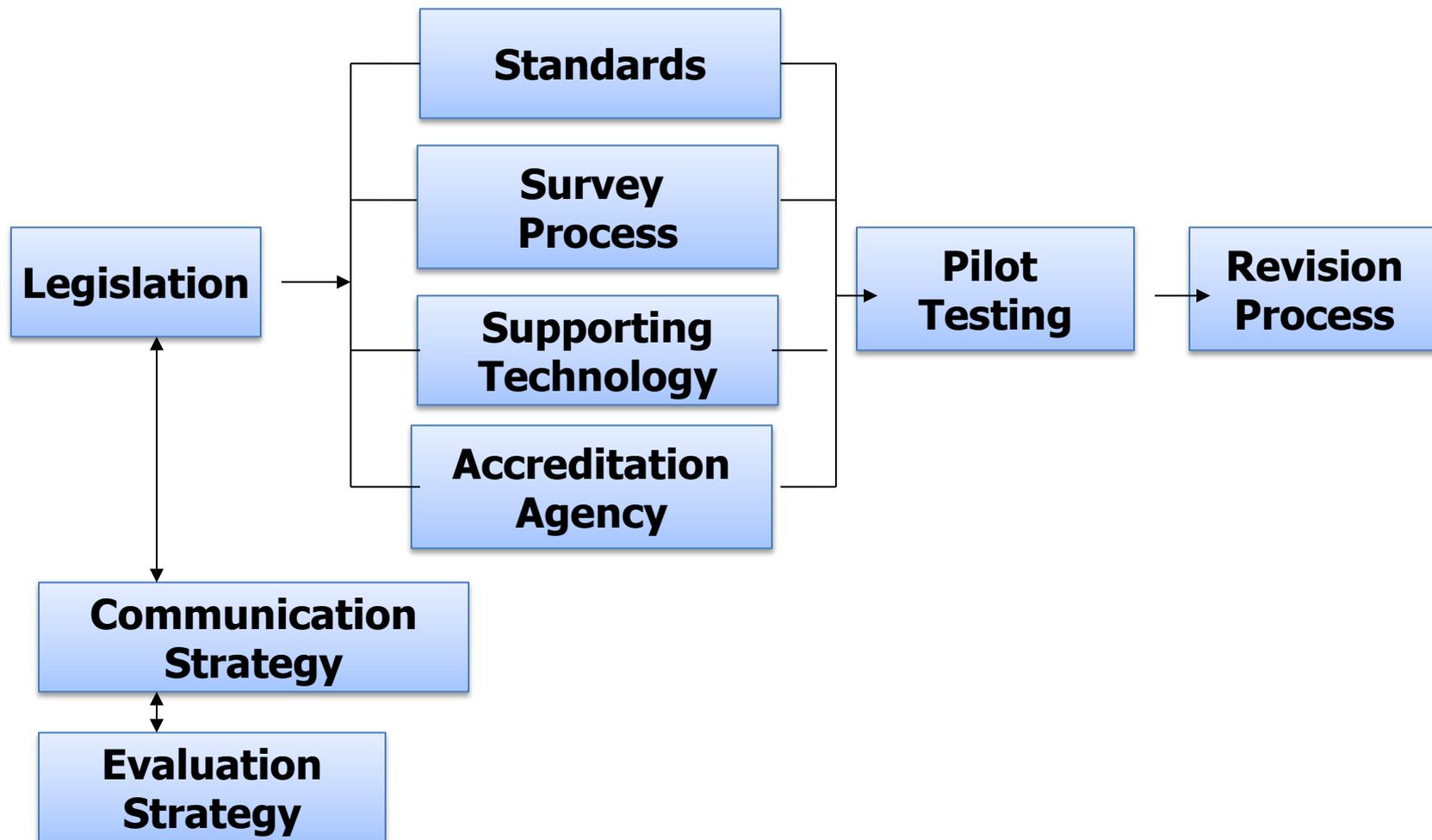
# Current Trends in Accreditation

- Trend 9: Away from inspection to consultation and support
  - Improvement better achieved through positive approaches than negative (punishing) approaches
  - Today, most accreditation programs have moved beyond mere inspection to include consultation and education
  - However, balance needed between accreditation's role as judge of compliance with standards and consultant/educator

# Current Trends in Accreditation

- Trend 10: Decrease in physician dominance
  - Care delivered by a **team of caregivers** whose members all possess necessary and unique skill and experience
  - For good quality care, the team must be involved in monitoring and evaluation
  - Team must participate in accreditation
  - Physician participation in accreditation still crucial

# Part 2: Management of Accreditation



# Legislation

- Health Care Law
  - Accreditation cared out by AZUS
  - Voluntary
  - Payed by HCI
  - Organisation wide and service based
- Bylaw on accreditation
  - Accreditation process
  - Scoring
  - Accreditation status
  - Defined roll of the AZUS and extrnal surveyors

# Standards

- Four important facts:
  - Structure, process, outcome;
  - Quality improvement;
  - Patient safety;
  - International context by using ISQua standards and principles

# Survey Process

- Five components to be addressed:
  - The accreditation survey
    - Self assessment
    - On-site visit - Survey
    - Evaluation of the survey (organization/surveyors/Agency)
  - Surveyors/external evaluators
    - Health care professionals
    - Recruitment and selection
    - Core competencies
    - Training (initial/ongoing)
    - Performance evaluation system

# Survey Process (continued)

- Accreditation Report
  - Recommendations/commendations
  - Content (numerical description of compliance and verbal summary )
  - Expectation of action on recommendations
  - Public reports? – still not clear
  - National accreditation reports

# Survey Process (continued)

- Accreditation Decision
  - Also call “accreditation status”
  - Variety of decision:
    - » Non-accredited
    - » Levels of accreditation based on results 1,3 and 7 years
  - Decision and Certificate are issued by AZUS

# Survey Process (continued)

- Indicators as part of the survey process
  - Relatively new component of accreditation around the world
  - Lists of indicators to be reported on for accreditation
  - Indicators usually address *patient safety* first
  - Clinical indicators; non-clinical service indicators; governance and management indicators

# Pilot Testing

- Pilot test after:
  - Standards prepared
  - Survey process designed
  - Initial group of surveyors trained
- Solicit information from:
  - Organizations being accredited
  - Surveyors doing on-site assessments
  - Agency staff re processing of reports
- Document results; use to modify standards and process

# Revision Process

- Once accreditation standard and process are in place, establish a review and revision process
- Process must be well-defined (who to participate; data to be used; new trends to be considered; communication plan)
- Revision should be done within approximately 3 years (maximum)

# AZUS Accreditation Program

- AZUS Program helps HCI to:
  - Assess their services and find out where to focus their improvement efforts
  - Develop standardized processes to improve efficiency and reduce costs
  - Mitigate risk and support the uptake of best practices
  - Build a culture of quality, safety, and excellence
  - Identify leading and commendable practices
  - Publicly promote their commitment to offering safe, high-quality services

# Health Care System In Serbia

PUBLIC HCI	Accreditation
<b>PRIMARY HCI</b>	
Primary health care centers	158
Zavodi	39
Pharmacies	36
<b>SECONDARY HCI</b>	
General hospitals	41
Specialized Hospitals	38
<b>TERTIARY HCI</b>	
Clinical centers	4
Clinical-Hospital centers	4
Military Medical Academy	1
Institutes	13
Clinics	5
<b>TOTAL</b>	<b>339</b>

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PRIVATE HCI	Accreditation
<b>PRIMARY HCI</b>	
Primary health care centers	8
Institutes (zavodi)	22
Pharmacies	450
<b>SECONDARY HCI</b>	
General hospitals	10
Special hospitals	98
<b>TOTAL</b>	<b>588</b>

# What have we done so far?

- Accreditation process completed in 20 secondary and tertiary HCI –public and private
- Accreditation process completed in 88 primary HCI –public and private
- Accreditation process completed in 1 private laboratory
- Accreditation process completed in 2 pharmacies – 1 public and 1 private
- Currently included in accreditation process 54 HCI of all levels of health care