

Summary report on the

# Regional meeting on the principles and practice of health care accreditation

WHO-EM/HCD/127/E

Cairo, Egypt  
13–15 December 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The WHO Regional Office for the Eastern Mediterranean conducted two consecutive regional consultations on quality of care and health care accreditation in 2014 and 2015. The resulting feedback on country experiences with the implementation of accreditation as a national programme for improving quality and safety shows a need to define the shared values of stakeholders (e.g. government, professions, public, purchasers and managers) in order to build a framework for the various approaches. There is a need for a clearly addressed situation analysis that would support the selection of accreditation as one of the mainstream quality strategies, based on a systematic review of the values, stakeholders and dimensions of quality, of existing and alternative mechanisms for quality regulation or improvement (or related elements of health care reform) in the country.

The WHO Regional Committee for the Eastern Mediterranean in its 59th session in 2012 discussed a roadmap for strengthening health systems in the Region, including ways to improve access to quality health care services. WHO is committed to supporting accreditation agencies and ministries of health to implement mechanisms to improve quality of care and enhance consumer protection. Achieving high quality services remains a challenge in many countries across the Region. Quality and safety are issues for all countries, regardless of level of development and income.

Against this background, the Regional Office held a regional meeting on the principles and practice of health care accreditation in Cairo, Egypt, from 13 to 15 December 2015. The objective of the meeting was to discuss and provide guidance on setting up health care accreditation programmes, at both national and organizational level. The meeting was attended by quality of care and health care

accreditation focal persons from ministries of health of 19 countries of the Eastern Mediterranean Region. Also in attendance were global and regional experts invited to present evidence and best practices related to the quality and safety of health care, and to share their experiences in such areas as health care accreditation and clinical governance.

The meeting focused on four technical sessions related to policy issues around accreditation, current health care accreditation programmes in the Region, global and regional experiences in implementing such programmes, and alternatives to quality and safety.

## **2. Summary of discussions**

### *Governmental and policy issues of accreditation in health care*

It is essential, whether for the purpose of service procurement or of quality improvement, that health financing and quality strategies share common definitions of quality at the system and provider level. This requires an agreement on what is good medical practice, how it would be measured and how comparisons may be made between health care providers such as by benchmarking and external assessment. The Organisation for Economic Co-operation and Development (OECD) Health Care Quality Indicator Project has adopted three dimensions: effectiveness, safety and responsiveness.

WHO has been a global leader in promoting quality assurance in health care; ISQua was conceived during a WHO Europe workshop on training for quality management in 1985. WHO commissioned and published a global review of quality in health care and accreditation in 2004 which catalogued activities in many countries and within the regional offices of WHO. Since then, WHO has introduced an

emphasis on patient safety and provided many documents and tools for its improvement. The current drive towards universal health coverage builds on this achievement. The WHO thematic framework for patient safety and quality of care is now being developed into an action plan for 2016–2019.

### *Health care accreditation in the Eastern Mediterranean Region*

In 2015 a survey was conducted by WHO to review to what extent health care quality is institutionalized in the Region. The survey focused mainly on existing quality policies, structures, methods and resources for quality and safety in health care. Responses were received from Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Morocco, Oman, Palestine, Pakistan, Saudi Arabia, Sudan and Tunisia. Analysis indicated that, overall, national policy on quality in health care was explicit, accessible and consistent (80% of respondents) but incentives for implementation and performance improvement were weak (40%).

Quality improvement was led by the Ministry of Health in most countries but only half had defined structures and organizations such as agencies boards and committees to support implementation. Few countries have a national body to identify, collate and exchange methods, benchmarks and tools for improvement or to analyse and learn from adverse events and system failures.

A survey of 18 countries in 2009 identified progress with the introduction of accreditation within the Region. 13 countries reported having regulatory licensing of health care institutions; five of these exempted the public sector and eight of them had no periodic relicensing. 11 countries had a policy on health care accreditation; seven

of these were voluntary programmes, and three were linked to health insurance. In the countries which had established an accreditation body, four were within the Ministry of Health and three were independent.

Many countries experience a variety of challenges in establishing an integrated quality system. Common barriers include frequent change of ministers and policy, a culture of top-down control rather than accountability upwards, a focus on resource inputs rather than how they are used to improve performance, fragmented systems and structures which do not share information and learning, inconsistent standards and measurement systems, limited incentives for improvement combined with little capacity to manage change and passive payment systems rather than active purchasing. Moreover, many countries have to deal with a crisis situation and highly competing priorities.

#### *Global context of health care accreditation*

Health technology assessment research and evidence-based medicine should be shared between all stakeholders. Systematic development of clinical practice guidelines is a complex and expensive process, but many countries have developed criteria for importing international guidelines and adapting them to their own epidemiology, culture and economy.

The number of health care accreditation organizations continues to grow worldwide but many fail to thrive. Successful organizations tend to complement mechanisms of regulation and/or health care funding which offer a supportive environment. Principal challenges include unstable business and unstable politics. Many organizations make only limited information available to patients and the public about standards, procedures or results. There is little consistency or reciprocal recognition of accreditation across national and regional borders.



The world is moving from “soft” to “hard” quality improvement. Accreditation organizations are increasingly interacting with governments, regulators and health insurers for long-term sustainability. The challenge to traditional accreditation is to adapt longitudinally to the political and financial environment in order to sustain services which benefit health care providers and their patients. The challenge to regulators is to find ways of sharing the cost and burden of supervision of the health system with nongovernmental organizations, and demonstrate that regulatory interventions serve their purpose.

Many health reform programmes, especially in lower and middle income countries with international funding, include the introduction or strengthening of institutional/organizational accreditation or licensing. Systematic evaluation of these interventions could provide valuable insight into what determines sustainability, and help to design interventions to match the local environment.

High uptake of an accreditation programme is essential for a high impact on the health system, and for the financial stability of the accreditation business plan. Successive international surveys indicate that the principal internal driver is for organizational development and improvement but other factors include: ethical codes of professional practice; commercial pressure, including access to public funding, health insurance benefits and advantage in a competitive market; regulatory compliance such as licensing requirements and safety certificates and the international market (medical tourism).

There is evidence that accreditation promotes safe health systems which can be measured on the basis of reduced complications and adverse events. On this basis, some liability insurers reduce insurance premiums for accredited institutions. In the face of budget cuts and

shortage of resources for health care, accreditation must demonstrate value for money. Few countries can define the current cost, or evaluate the impact, of quality management in general, or of systems of supervision and licensing in particular. Nor can they quantify the costs of litigation, compensation, malpractice, overuse or misuse of services and adverse patient events.

Another trend is the increasing demand for consistent external assessment across borders such as for medical tourism health insurance and in free trade zones such as Europe the free flow of goods skills and services. A major driver of accreditation, especially in lower and middle income countries is the development of universal health coverage which requires an independent assessment of the capacity and performance of health care providers.

#### *Alternatives to improve quality and safety*

Accreditation is not a total quality solution; it must be designed to meet specific objectives and be consistent with a comprehensive national strategy. It is a vehicle for developing and verifying effective internal quality management systems but is not a substitute for them. A programme can support a systematic approach to quality improvement when it is supported by other quality tools, strong leadership, transparency and stakeholder involvement. Some accreditation programmes have been evaluated over time against measurable goals but few controlled trials exist. In the past 10 years more research has been published and analysed but there remains little convincing evidence that accreditation improves clinical outcome.

However, there is good evidence that an organization which invites (and pays for) external assessment of compliance with a set of published

organizational standards is likely to increase their compliance during a phase of preparation; if those organizational standards are based on evidence of benefit to clinical outcome then it can be argued that accreditation itself is associated with improved outcome.

For smaller and lower–middle income countries, accreditation would not be the first choice for organizational development. These countries would have difficulties in justifying, providing or funding a cost-effective national programme which is credibly independent and authoritative. Alternative approaches include the following.

- Strengthening or extending existing supervision and licensing to include periodic revalidation of safety (patients, staff and public) in public and private sector, starting with community services. This is a core responsibility of the government.
- Adopting a graduated plan for organizational development, including definition of core safety standards, self-assessment, external facilitation, peer review and networking to share solutions and learning. Once established, this could develop into a more formal accreditation system.
- Systematic uptake of existing WHO assessment tools such as the regional “Patient safety toolkit” and global patient safety solutions to reduce the incidence of adverse events.
- Developing quality management systems using certification (ISO 9004); medical laboratories may be accredited under ISO 15189; clinical testing may be improved by external quality assurance and calibration by a central reference laboratory (especially biochemistry and haematology).
- Sharing technical expertise and experience from countries which have well-established quality systems, including certification and

accreditation. This could be brokered for lower–middle income countries through WHO.

- Buying in accreditation services from an established national accreditation organization within the Region.

### **3. Recommendations**

#### *To Member States*

##### *Policy development*

1. Develop or strengthen a comprehensive national quality and safety strategy.
2. Define the needs, purpose, principles and feasibility of an accreditation programme as part of the national quality strategy.
3. Identify implications of national quality and safety strategy for prescriptive or enabling legislation.

##### *Organization and management*

4. Establish a national body, at “arms’ length” from government, to develop and maintain a coordinated programme of quality improvement.
5. Define accountability for quality and safety within health ministries and throughout the health care system.

##### *Methods of work*

6. Develop national standards for quality and safety.
7. Advocacy and capacity development activities for quality improvement at all levels.
8. Strengthening internal quality assurance programmes within institutions.
9. Launch external assessment/accreditation programme in a phased manner and scale up progressively.

*Resource allocation and mobilization*

10. Encourage international funding and technical assistance to contribute to fulfillment of the national quality strategy.
11. Allocate/incorporate resources for the implementation of national quality and safety strategy in cycle of planning and budgeting for health.
12. Define costs of implementing quality and safety systems as part of the budget allocations at central and local level.

*To WHO EMRO*

*Advocacy*

13. Propose an agenda item to be discussed at the annual governing bodies meeting on the importance of quality improvement and the role of accreditation in 2016–2017.
14. Provide technical assistance in building institutional capacity for accreditation to support countries where the process is difficult to initiate.
15. Identify at the regional and national level quality and safety “champions” who can spread the message out to policy-makers, programme managers and the public at large.

*Strategic development*

16. Expand analysis of responses to WHO survey of national quality systems to identify common strengths, weaknesses and opportunities for improvement at individual state level.
17. Apply the 2010 global survey template to compare features of current accreditation programmes, e.g. incentives, governance, economics, surveyor training.

18. Aggregation, analysis and feedback of results of both surveys could provide a common framework on which Member States may develop their own national strategies for health system improvement.

*Organization and management*

19. Convene a high-level meeting of health ministries to engage countries in strategic development of quality and safety, integration of complementary programmes and incorporation in health system planning and evaluation.
20. Establish a regular forum of key stakeholders to define and coordinate regional development of quality and safety systems, and to share experience and learning from Member States.



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