Chapter 6
QUALITY AND ACCREDITATION IN HEALTHCARE ORGANISATION
Use of Healthcare - HHSM 423
What is quality جودة

Consistent delivery تسليم of a product or service concerning expected standards المعايير المتوقعة.

Health care involves three main groups of people:

- Customers (patients),
- Employees (service providers) and
- Managers that interact in the provision of healthcare.

- The customers (clients) satisfaction was made the focus of all operations with managers and employees working together as a team of decision-makers and providers.
What is quality

According to WHO:

Quality of care is the level of attainment of health system’s intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.
What is quality

Quality of care is:

- Doing the right things (what)
- To the right people (to whom)
- At the right time (when)
- And doing things right first time

Quality Assurance:

Anything you do to measure قياس (assess) or improve quality تحسين الجودة can be considered as Quality Assurance
Process in creating collective organizational commitment خلق الالتزام التنظيمي الجماعي of:

• Quality improvement تحسين الجودة
• Organizational analysis تحليل التنظيمية
• Self-assessment التقييم الذاتي
• Strategic formulation الاستراتيجية صياغة of the organizational development planning,
• Human resources development تنمية الموارد البشرية
• Team work and service systems العمل بروح الفريق ونظم الخدمة focusing on patient-oriented mindedness.
“The Hospital Accreditation approach is a concept and practice that yields beneficial results to patients, customers, hospital employees, the hospital, the Faculty of Medicine, the society and the country as a whole.”
• BENEFITS OF PATIENTS:

• Continuity of care
• Focus on patient safety
• Patient satisfaction
• Rights are respected and protected
• Access to a quality focused organization
• High quality of care
• Understandable education and communication
• BENEFITS FOR THE STAFF

• Improves professional staff development.
• Provides education.
• Provides leadership for quality improvement within medicine and nursing.
• Increases satisfaction with continuous learning,
• Good working environment, leadership and ownership.
BENEFITS FOR THE HOSPITAL:

- Improves care.
- Continuous improvement.
- Demonstrates commitment to quality care.
- Raises community confidence.
SAUDI ARABIA
Central Board of Accreditation for Healthcare Institutions
المجلس المركزي لاعتماد المنشآت الصحية
CBAHI
المجلس المركزي لاعتماد المنشآت الصحية
Central Board of Accreditation for Healthcare Institutions
Introduction

How CBAHI Supports Hospitals?

Survey Process

Hospital Survey Activities
Introduction

Accreditation

Accreditation Organizations

The CBAHI Accreditation Standards

The CBAHI Accreditation Purpose

Mission, Vision, & Values

CBAHI Theme
An organization is *assessed* by an *external* body to determine its *performance* compliance with agreed *standards* and the impact of its services on the *patients*.
Accreditation Organizations

J.C.A.H.O. (Joint Commission on Accreditation of Healthcare Organization)

N.C.Q.A. (National Committee for Quality Assurance)

I.S.O. (International Standard Organization)

JCIA

A.C.H.S. (Australian Council on Healthcare Standards)

CCHSA Canadian Healthcare Accreditation Body

National Accreditation Body

CBAHI:

Central Board for Accreditation of Health care Institutions
The CBAHI Accreditation Standards were developed by a consensus process of health care experts representing:

- MOH
- National guards hospitals
- KFSH&RC
- University hospitals
- Private hospitals
- Security Forces hospital
- Saudi Council for Health Specialties
The purpose of the accreditation process is to improve the services of healthcare sector in SAUDI ARABIA, ensure the safety of patients and establishing hospital infrastructure.
Mission

• Improvement of healthcare quality standards in the Kingdom by supporting healthcare institutions to implement and accredit the medical quality standards and patient safety by national origin working systems, universal implementation, and distinguished efficiency.
Vision

- Prestigious Global Commission in Healthcare quality development field

Values

- Commitment to excellence
- Belief in team work
- Application of quality standards
- Holistic approach
- Integrity
CBAHI Theme

PREPARATION
تحضير

ACCREDITATION
اعتماد

MONTIRING
مراقبة
How CBAHI Supports Hospitals?
How CBAHI Supports Hospitals?

Providing hospitals with:

- **Resource Manual**: دليل الموارد
- **Hospital Self Assessment**: المستشفى التقييم الذاتي
- **Hospital Accreditation guide**: توجيه
- **Hospital Accreditation Specialists (HAS) preparatory visits**
- **Consultation visits**
- **Provision of training programs**
The process starts with the Hospital completing the self assessment

www.cbahti.org/hospital
The hospital can download the HAG from this site

www.cbahi.org/hospital
Hospital Accreditation Guide 2010

Survey Requirements

- Files
  - Interview Attendees
  - Medical Records
    - Medical Record Closed Review
    - Medical Record Open Review
    - Medical Records List
  - Personnel Files
  - Required Documents

- Name

| Name                  | Size |
• Preparation Tools (PT) are statements that detail the specific performance expectations and/or structure or process that must be in place.

• هي جمل تفصل الأداء المتوقع لكل معيار ، ومن خلال استيفاءها يتم التكامل مع المعيار و بها يكون المستشفى جاهز لأي نوع من التقييم.
Survey Process
Survey Process

CBAHI Surveyor Team
CBAHI Survey Process
Applicability of Chapters and Standards
Scoring Method
Accreditation Decision Rules
CBAHI Surveyor Team

- Administrator
- Physician
- Nurse
- Core Teams

- Safety
- Specialty Teams
- Laboratory
- Pharmacy
- Infection Control

CBAHI Accreditation Program
1. Hospital accreditation Result has to be approved by the Central Board before it is given to the hospital.

2. The surveyors are not permitted to provide hints to the hospital regarding the accreditation status.
Scoring Method

The hospital must meet all the applicable standards elements at a satisfactory level to become accredited. Each standard element is scored on a four-point scale:

Initial Survey

- “3” = Fully Met when ≥ 75 % compliance with the standards elements.
- “2” = Partially Met when ≥ 50 to < 75 % compliance with the standards elements.
- “1” = Minimally Met when ≥ 25 to < 50 % compliance with the standards elements.
- “0” = Not Met when < 25 % compliance with the standards elements.
Accreditation Decision Rules:

- **Accredited** – The hospital is awarded accreditation if:
  - the overall compliance score equals to or more than 80 %
  - No more than 2 chapters score less than 50%
Accreditation Decision Rules:

- **Accreditation Denied رفض** – The hospital will be denied accreditation if:
  - the overall score is less 70 % or
  - more than 2 chapters score less than 50 %
Accreditation Decision Rules:

- **70 to 79%**
  Hospitals scoring from 70 to 79% is required to be resurveyed within 90 days of the result for chapters that score less than 50%.

*Validity of accreditation: every 3 years.*
Session 4

HOSPITAL SURVEY ACTIVITIES
Survey Activities

Agenda

- Documents review
- Medical record review (closed, open)
- Personnel record review
- Unit Visit (observation, Interview)
- Interview
Hospital Survey Activities

- Document Review
- Medical Records Guidelines
- Personnel File Review General Guidelines
- Leadership Interview
- Staff Interview and Observations
- Visit to Patient Care Settings
- Hospital Survey Report
Hospitals will be able to access their survey report through their "hospital portal". The report face-sheet will show the overall final score and the scores of each chapter.

Click Score from Survey menu, then select visit number in order to see hospital overall scores as shown below.
Thank You.