Development of National Hospital Accreditation System — 37-year Experience of Taiwan

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Former CEO, Joint Commission of Taiwan
Former Director-General, Department of Medical Affairs, Ministry of Health and Welfare

Agenda

- Development of accreditation system
- Characteristics of hospital accreditation
- Performance and impacts
- Continuous improvement
- Lessons sharing
- Conclusions
Objectives of Accreditation
- Assuring quality and safety care
- Patient-centered medical services and management
- Addressing risk management
- Protecting patient right
- Assuring infection control after SARS
- Continuous quality improvement
- Capabilities as a teaching hospital
- Compliance to government policies

Evolution of Accreditation System
- 1978 Accreditation launched by Ministry of Education and Department of Health
- 1986 Medical Care Act
- 1995 Linked to NHI contract and reimbursement
- 1999 Entrust accreditation program to Taiwan Joint Commission on Hospital Accreditation
- 2003 Accreditation reform after SARS
- 2007 New accreditation standards (version 1)
- 2011 Standard revision (version 2)
- 2014 Patient-focused methods (version 3)
Characteristics

- Government’s responsibility by law
- Hospital grading and classification
- Linked to NHI contract and reimbursement
- Tender plan to professional accrediting organization
- Uniform accreditation standard
- Reasonable cost and public disclosure

Granted by Law

- Medical Care Act
  - Article 28: The central competent authority shall conduct accreditation of hospitals
  - Article 121: The central competent authority shall collect accreditation fee for the accreditation of hospitals

- Regulations Governing Contracting and Management of National Health Insurance Medical Care Institutions
  - Article 9: for hospitals or clinics to apply for in-patient reimbursement, they shall be accredited by the central competent authority
Government Responsibilities

- **Ministry of Health and Welfare:**
  - to make sure quality of care, patient safety, and policy compliance
  - to certify training capability for post-graduation (PGY) and specialty trainings

- **Ministry of Education:**
  - to certify teaching facilities and capabilities for internship and pre-graduation trainings

- **Local Healthcare Bureaus:**
  - to audit facilities and manpower sufficiency and policy compliance

Hospital Grading and Classification

<table>
<thead>
<tr>
<th>Classifications</th>
<th>Medical service grading</th>
<th>Teaching &amp; research grading</th>
<th>Special mission grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medial Center</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Regional Hospital</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>District Hospital</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>++/+</td>
<td>+/-</td>
<td>-</td>
</tr>
<tr>
<td>Children Center</td>
<td>++</td>
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</table>

Dr. Wui-Chiang Lee
The Main Criteria of Hospital Classification

- Hospital Structure
- Professional discipline
- Manpower
- Clinical teaching facilities and capability
- Clinical and basic research capacity
- Care process, results and continuous improvement
- Patient safety and risk management
- Effective administration
- Emergency/Critical/Cancer care
- Effective medical policy

Linked to NHI Contract and Reimbursement

- Fundamental requirement to NHI contract
- Medical center is reimbursed higher than regional and district hospitals
- A certain high-risk procedures and high-tech facilities are only allowed at medical centers
- Good reputation attracts more patients
- Large-scale hospitals attract and retain medical staffs and specialists
MOHW Entrusts TJCHA to Conduct Hospital Accreditation Program

Taiwan Joint Commission on Hospital

- Since 1999
- Non-profit, non-governmental, organization
- Renamed: Joint Commission of Taiwan (since 2014)
- Fund contributors
  - Department of Health
  - Taiwan Medical Association
  - Taiwan Hospital Association
  - Taiwan nongovernmental hospitals and clinic associations
**TJCHA’s Missions**

- **Accreditation & Certification**
  - quality contest (HQIC)
  - measurement system (TCPI)
  - promotion of quality improvement tools (PDCA, RCA, TRM)

- **QI Activities**
  - hospital, psychiatric hospital, teaching hospital
  - psychiatric rehabilitation institution, psychiatric nursing home
  - infection control, hand hygiene, IRB, Chinese Medicine
  - Emergent and Critical Care Ability Classification, Special Care Center, Disease-Specific Care, Health Check-up Program
  - healthcare professional training programs

- **Patient Safety (PS) Program**
  - PS reporting
  - PS goals
  - PS culture survey
  - PS awareness week

- **Disease Prevention & Health Promotion**
  - health promotion in schools and pharmacies

- **Education**
  - Journal, teaching guide, textbooks
  - train the trainer
  - healthcare faculty
  - surveyors

- **Publication**

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**International Recognition as a Professional Accreditation Body**

- **ISQua Accreditation**
  - ORGANISATION Since 2006
  - STANDARDS Since 2007
  - SURVEYOR TRAINING PROGRAMME Since 2013
Asian Society for Quality in Health Care

1. **India**: National Accreditation Board for Hospitals and Healthcare Providers (NABH)
2. **Indonesia**: Komisi Akreditasi Rumah Sakit (KARS)
   Indonesian Commission on Accreditation of Hospitals (ICAHO)
3. **Japan**: Japan Council for Quality Health Care (JCQHC)
4. **Korea**: Korea Institute of Healthcare Accreditation (KOIHA)
5. **Malaysia**: Malaysian Society for Quality in Health (MSQH)
6. **Mongolia**: National Centre for Health Development of Mongolia
7. **Philippine**: Philippine Council on Accreditation for Healthcare Organization (PCAHO)
8. **Thailand**: The Healthcare Accreditation Institute
9. **Taiwan**: Joint Commission of Taiwan (JCT)

Evolution of Accreditation Standards

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Hospital Management</strong></td>
<td>1. Vision + Strategies and Community Functions</td>
<td>Administrative management</td>
</tr>
<tr>
<td><strong>Medical Care</strong></td>
<td>2. Management and Operations</td>
<td>Surgery</td>
</tr>
<tr>
<td></td>
<td>3. Patient Rights and Safety</td>
<td>Internal medicine</td>
</tr>
<tr>
<td></td>
<td>4. Healthcare Systems and operations</td>
<td>Nursing</td>
</tr>
<tr>
<td></td>
<td>5. Appropriate Healthcare Operations</td>
<td>Pharmaceutical</td>
</tr>
<tr>
<td></td>
<td>6. Appropriate Nursing Care</td>
<td>Radiation</td>
</tr>
<tr>
<td></td>
<td>7. Comfortable Healthcare Environment and Care</td>
<td>Clinical laboratory (transfusion) and pathology (add in 1990)</td>
</tr>
<tr>
<td></td>
<td>8. Human Resources and Quality Improvement</td>
<td>Psychology (add in 1991)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency medicine (add in 1993)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infection control (add in 1996)</td>
</tr>
<tr>
<td></td>
<td>2 surveyor teams (administrative, medical care)</td>
<td>3 surveyor teams (administrative, medical, nursing)</td>
</tr>
<tr>
<td></td>
<td>10 Surveyor teams</td>
<td>10 Surveyor teams</td>
</tr>
</tbody>
</table>
Continuous Quality Improvement

- PLAN
- CHECK
- DO
- ACT

Efficient
Safe
Patient-centered
Timely
Equal
Effective
Timely

Accreditation Standards – Part 1: Hospital Management

1.1 Management strategy
1.2 Staff management and support system
1.3 Human resources management
1.4 Employee education and training
1.5 Medical records & information management
1.6 Safe environment and equipment
1.7 Patient-oriented services
1.8 Crisis management and disaster response
Accreditation Standards – Part 2: Medical Care

2.1 Patient rights
   Communication, informed consent, privacy
2.2 Health care quality management
2.3 General medical care/safety
2.4 Specialized medical care/safety
   ER, ICU, psychiatric, dialysis, respiratory care
2.5 Medication safety
2.6 Anesthesia and surgical safety
2.7 Infection control and antibiotic use
2.8 Lab work, pathology and radiology safety

Accreditation Standards – Part 3: Teaching Capability

3.1 Resource, facilities, and management
3.2 Trainers’ training programs
3.3 Cross-specialty training and teamwork
3.4 Teaching and research performance
3.5 Resident, PGY and intern training programs
3.6 Other medical workers’ training programs
Survey Methods

- A 4-year cycle
- Experienced and well-trained surveyors
- Self-assessment
- On-site survey
- Continuous quality measure (45 items)
- Patient-focused methodology (PFM)

Surveyor Training and Evaluation

- Training Program
- Core Course
- Consensus Meeting
- Selection
- Application
- Scheduling
- Accreditation
- Monitoring
- Evaluation
## Survey Plan

<table>
<thead>
<tr>
<th>Hospital size</th>
<th>Time</th>
<th>Surveyors</th>
<th>TJCHA coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 49 beds</td>
<td>1 day</td>
<td>3 surveyors (1 in Administration, 1 in Medicine, 1 in Nursing)</td>
<td>1</td>
</tr>
<tr>
<td>50 beds ~ 99 beds</td>
<td>1 day</td>
<td>6 surveyors (2 in Administration, 2 in Medicine, 2 in Nursing)</td>
<td>1</td>
</tr>
<tr>
<td>100 beds ~ 249 beds</td>
<td>1.5 days</td>
<td>6 surveyors (2 in Administration, 2 in Medicine, 2 in Nursing)</td>
<td>1</td>
</tr>
<tr>
<td>250 beds ~ 499 beds</td>
<td>2 days</td>
<td>6 surveyors (2 in Administration, 2 in Medicine, 2 in Nursing)</td>
<td>1</td>
</tr>
<tr>
<td>≥ 500 beds</td>
<td>2.5 days</td>
<td>6 surveyors (2 in Administration, 2 in Medicine, 2 in Nursing)</td>
<td>1</td>
</tr>
</tbody>
</table>

## Dual Survey

- Continuous quality evaluation
- Quality reporting
- Feedback & Comments
- PDCA
- Accréditation
- On-site survey
- Individual and systematic tracer
Knowledge Management System

Public Disclosure of Accreditation Results www.mohw.gov.tw

- Basic information (beds, manpower etc.)
- Service information (out/inpatient volume, financial reports)
- Granted accreditation level
- Teaching capability for different medical disciplines
Public Disclosure

Follow-up Surveys

Unannounced Follow-up Surveys

Immediate Follow-up Surveys
(If the Hospital happens a major sentinel event)

First to Third year

Hospital
Valid for 4 years

Hospital Accreditation
Performance and Impacts
— Why accreditation successes in Taiwan?
High Participation Rate (97%)

Accreditation links to Payment

Reasonable Cost (Non-for-Profit)

Every 100 bed evaluation cost (unit: US$)

Resources: ISQua Conference 2011, Hong Kong
Dr. Wui-Chiang Lee
Professional Accrediting Body

- Local independent organization
- Profession
- Non-for-profit
- Transparency
- Experienced surveyors
- Supervision by citizen and ISQua
- Listening and response to hospital feedback
- Continuous improvement

Hospitals Care!

- The #1 exam of hospital managers!
  - “Oscar award” for competing medical centers
  - “Entrance exam” for middle level hospitals
  - “Survival test” for poorly-managed hospitals
- The performance in accreditation is linked to reputation, payment, service volume and profit
Better Structure and Process of Care

Accumulating evidences demonstrate that accreditation improves:

- Infrastructure, workforce, equipment
- Patient-centered and safe environment
- Informed consent and patient right protection
- Core measures of quality in process of care
- SOPs in medication safety, infection control
- Safety report and risk management system

The Association between Accreditation & Clinical Outcomes

- Research project sponsored by Ministry of Science and Technology (2012~2013)
- Pre-Post comparison study of 77 hospitals
- Study period: 2007~2011
- Data: Indicators of Taiwan Quality Indicators Project
Taiwan Patient Safety Culture Survey
by Chinese-version Safety Attitude Questionnaire since 2007

Instrument and Measures

- Ten hospitals participated (2007~2011)
- SAQ (Chinese version) with 30 items
- 5 point Likert scales:
  - Strongly agree (5), Slightly Agree (4), Neutral (3), Slightly disagree (2), Strongly disagree (1)
- Positive response rate (%)
  - Percentage of caregivers strongly and slightly agree (mean score 4, or higher) to a given safety culture dimension of a hospital
Safety is the Core Component in Accreditation Standards

<table>
<thead>
<tr>
<th>Hospital management standards</th>
<th>Clinical Practice Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Operations Strategy</td>
<td>Rights and Responsibilities of patient and family</td>
</tr>
<tr>
<td>Staff Management and Support Systems</td>
<td>Medical Care Quality Improvement</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Care Implementation and Evaluation</td>
</tr>
<tr>
<td>Staff Education and Training</td>
<td>Care of High Risk Patients</td>
</tr>
<tr>
<td>Medical Record, Information and Communication Management</td>
<td>Medication Safety</td>
</tr>
<tr>
<td>Facility and Environment Safety</td>
<td>Anesthesia and Surgical Care</td>
</tr>
<tr>
<td>Patient-focused Service and Management</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Risk Management and Emergency Response</td>
<td>Clinical Laboratory, Pathology and Radiology</td>
</tr>
<tr>
<td></td>
<td>Discharge / Transfer Planning and Continuity of care</td>
</tr>
</tbody>
</table>

Impacts on Healthcare Authorities

- Accreditation turns to be the most efficient tool and a “double-blade knife” in:
  - Regulation compliance (or failed)
  - Quality improvement (at very low cost)
  - Manpower and staffing ratio (regardless of cost)
  - Special missions (public health, disease screening, hospice care, organ donation, outreach programs to rural areas, offshore islands, and to the other countries)

- Many interest groups urge government to adopt their requirements into accreditation elements.
Disease-specific Certification

- AMI, ACS, CAD
- High-profile physical check-up
- Aesthetic medicine
- Others

Impacts on Hospital and Health Workers

- Over-competition: emphasis on ranking and grading, competitiveness replaced cooperation
- Reimbursement linked to accreditation, resources allocate to urban and large-scale hospitals
- Parts of the requirements are too difficult to achieve
- Overloading by paperwork and extra workload
- Shortage of nurses and critical care doctors before accreditation
Lessons Sharing (1)

Lessons Sharing (2)
Conclusions

- Taiwan’s hospital accreditation has played important roles in each stage of hospital development for the past 37 years in a row.
- Although some negative influence exist, accreditation indeed improves the quality of care in infrastructure and processes of medical services.
- The Taiwan model can share with Asian countries who wish to have its own accreditation system at affordable cost.

ASQua
— The Asian Accreditation Hub

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