

# ACCREDITATION OF HOSPITALS IN LEBANON

## Project prepared by the Syndicate of Hospitals in Lebanon

Quality care is the ultimate goal for the patient, the provider, the organizational leader and the policy maker. Ensuring this quality of care can be achieved through an approach known as accreditation that measures conformity to standard and also provides educative and consultative information to help reduce the system's inefficiencies and achieve optimal use of resources. Not only has the demand for accreditation increased around the world, but traditional accreditation is being adapted to public agendas so that internal self-development is linked to external regulation. In fact, the trend is gaining momentum and countries are moving from certification and licensure towards developing National Accreditation programs after reported success in the United States, Canada, Australia and New Zealand.

- **Certification** is defined as a "formal recognition of compliance with set standards validated by external evaluation by an authorized auditor," such as ISO.
- **Licensure** is defined as a "process by which a government authority grants permission, usually following inspection against minimal statutory standards, to an individual practitioner or healthcare organization to operate or to engage in an occupation or profession."
- **Accreditation** is defined as "public recognition by a national healthcare accreditation body of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards."

National accreditation systems are programs that aim to provide accreditation services to primary care, community services, hospitals or networks. These include statutory and voluntary bodies that offer organizational development through external assessment of health services by means of published service standards. In countries similar to Lebanon, where accreditation is nationally mandated, such as Italy and France, single local programs are developed for uniform accreditation of health services. This ensures credibility and sustainability of the program.

Before adopting a specific accreditation program, countries perform a situational analysis to define the constraints and enablers within their system and design the program accordingly. In Lebanon the MOPH carried out the pilot project over the span of 5 years and this has set the groundwork to move ahead with the knowledge of successes and failures for guidance.

Accreditation was typically a voluntary process in which organizations choose to participate. More recently, in a comparative study of known accreditation programs around the world, results showed that voluntary accreditation is becoming statutory and most new programs are government-sponsored, as is the case in Lebanon. "The move towards statutory and governmental endorsement is associated with freer access by the public to the standards, processes and findings of accreditation." Such a legal framework provides regulation for public accountability. Lebanon is already bound by legislative

decree since 1983 (DECREE 139). Thus, based on this mandate, we derive the power to establish an accreditation body linked to the compulsory program. Success of an accreditation program is not defined by the number of accredited institutions but by the impact in improvements it makes. Literature identifies certain elements necessary for a program's success. These are:

- => Mission and Philosophy
  - => Infrastructure and Authority
  - => Published Performance Standards
  - => Management of Field Operations
  - => A framework for accreditation decision-making
  - => Accreditation Database
  - => Accreditation Program Sustainability
  - => Basic Institutional Resources and Capacity
- (Donahue and O'Leary)

Choosing the appropriate Accreditation model depends on the structure in place and the "integrated model" is most appropriate because it recognizes the existing government resources and uses them to build a functional program. The advantage of this program is that government agencies can pool together the available resources to enhance quality of healthcare provision. This approach supports the development of one national council to govern the hospital accreditation program while providing guidance and structure and addressing the interests of all agencies, organizations and even the public. Such a program includes multidisciplinary

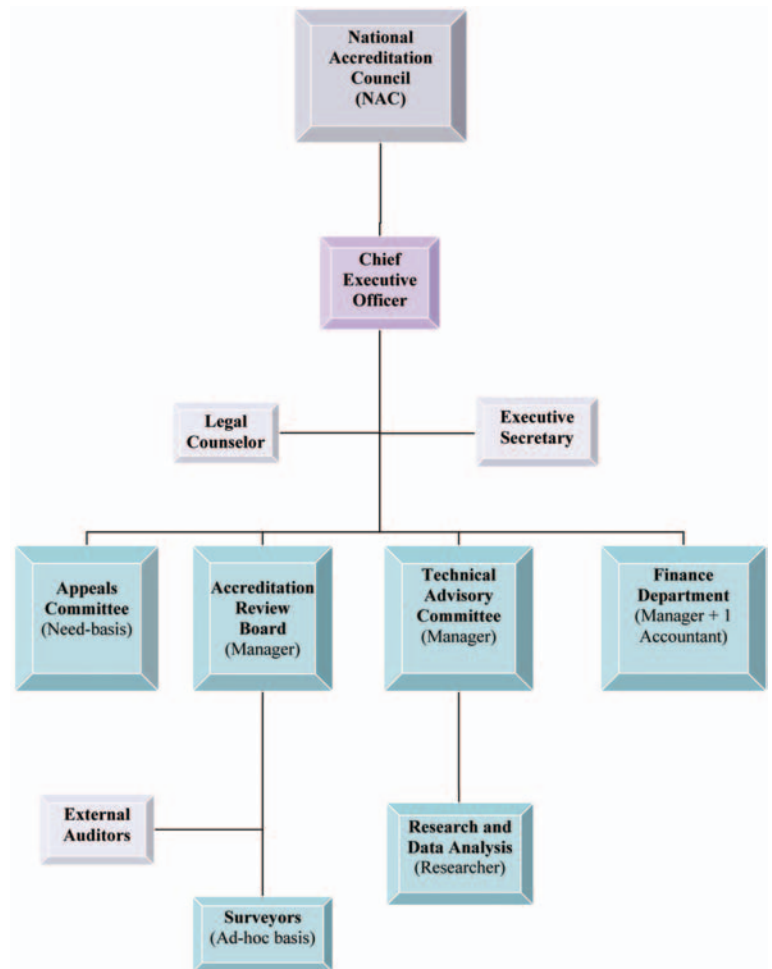
representation from all regulatory bodies and health professionals' associations and most importantly, such a council will ensure sustainability and continuity.

The program's relationship to the government falls under the areas of funding, management and even recognition. The program may be funded fully (fee per hospital size paid by hospital) or partially by the government (25% gov't, 75% hospitals) and may be managed separately from the government. Sponsorship and oversight may be the responsibility of the government with decentralized and multidisciplinary management of the program. Such a program would obviously be recognized by the government. It is important for such programs to correlate with other rules and regulations set by government agencies to eliminate any possible contradictions between standards or penalties.

In the study comparing accreditation programs around the world, most countries agreed not to provide full reports to the public justified by unwillingness "to give away a source of income and intellectual property that has taken years to develop". Those that did provide reports to the public usually provided the standards as well. However, most countries do agree that standards be publicly accessed to ensure transparency and public accountability. Site visit durations were compared resulting with the common duration of 3 days on site depending on the complexity of surveys. Furthermore the number of surveyors was commonly 3 per visit also depending on the complexity of the survey with larger teams for longer visits. Frequency of survey visits and terms awarded for accreditation also varied between countries. However it is important to distinguish the type of visit (survey, follow-up evaluation) and the type of facility when deciding on the appropriate numbers. It goes without saying that countries executing more surveys demand more surveyors training to ensure a sustainable surveyor pool.

According to WHO's European Accreditation report (2004), consultants are also in demand and require certain qualifications including:

- => Proven track of record in field of accreditation and quality improvement in health care
- => Experience in implementation of national health care accreditation programs, including the development of criteria for accreditation programs and advising accreditation programs on requirements
- => Evidence of technical qualifications in the underlying disciplines of medicine, health care quality improvement, health care accreditation and health service management
- => Developing clinical and organizational performance indicators



### National Accreditation Council:

- The Accreditation Council should be:
  - Independent, but bound by the government
  - Not for Profit
  - Represent all concerned parties
- The Accreditation Council includes members from the public and private sectors:
  - MOPH Director General (President of NAC)
  - Syndicate of Hospitals (2)
  - MOPH (2)
  - NSSF (1)
  - Army (1)
  - Lebanese Order of Physicians (1)
  - Order of Pharmacists (1)
  - Consumer Organization Representative (1)
  - Academia
- Universities (5)
- Quality Experts (Local or International) (1)
  - ACAL (1)
- The Accreditation Council:
  - Should elect a Chief Executive Officer (CEO). The CEO could either be one of the representatives in the Council or hired externally for the full-time position.
  - Assigns members for all the subsidiary bodies:

- Appeals Committee
- Accreditation Review Board
- Technical Advisory Council
- Finance Department
  - Contracts with External Auditors to perform surveyor audits
  - Hires Surveyors
  - Approves the standards required for Accreditation based on recommendation by the Technical Advisory Committee and furthermore adopts them through ministerial decree
  - Decides on Accreditation awards based on recommendation by the Accreditation Review Board. These awards are later officially granted by the MOPH
  - Makes final decisions regarding appeals based on recommendation by the Appeals Committee
  - Decides on rules and regulations of the Accreditation process, taking into consideration recommendations by the Technical Advisory Committee.
  - Decides on policies and procedures of the Accreditation Council itself.

### **CEO**

- Serves a designated term (ex. 3 years)
- Spokesperson for the National Accreditation Council
- Should serve as the link between the subsidiary bodies and the Accreditation Council.
- Manages and prioritizes tasks to be completed by the Council
- Communicates Council's decisions to the relevant departments

### **LEGAL COUNSELOR**

- Advises CEO and Council on all legal matters, especially during appeal processes.

### **EXECUTIVE SECRETARY**

- Responsible for all administrative responsibilities assigned by the CEO
- Ensures regularity of scheduled meetings and prepares meeting agendas
- Ensures Minutes of Meetings are documented and distributed to the Council members
- Responsible for operational activities within the Accreditation Program such as:
  - Applications for accreditation from hospitals
  - Scheduling deadlines for Self-Evaluation Reports and Survey dates
  - Scheduling surveyors for the survey dates
  - Communicates Accreditation Council decisions to the hospitals

### **APPEALS COMMITTEE**

- Comprised of three members from within the Committee serving a designated term (ex. 3years) along with the legal counselor.
- Meet and make decisions on a needs-basis
- Respond to appeals lodged by hospitals
- Investigate the appeal and make a corresponding recommendation
- Appeal Recommendations are then passed on to the Accreditation Council to make the final decision

### **ACCREDITATION REVIEW BOARD (ARB)**

- Managed by an elected member from within the Council serving a designated term (ex. 3years).
- The Manager assigns Survey Teams for the survey visits
  - The size and composition of the team is modulated according to the size (# of beds) and types of services provided at the HCO
  - Members of each team should be changed frequently in order to provide similar interactions between all surveyors and consistency of processes
- Receive Survey Reports from Surveyors
- Responsible for making recommendations in relation to:
  - Hospitals eligibility for survey based on Self-Evaluation Report
  - Accreditation awards based on Survey Report
  - Related matters to Accreditation Status (ex. Extension, Suspension, Withdrawal, etc)
- Coordinates external audit of surveyors and receives External Auditors' Evaluation Reports and makes necessary recommendations
- All recommendations are then passed on to the Accreditation Council for final decisions

### **External Auditors**

- Contracted with by the Accreditation Council, but coordinate activities with the Accreditation Review Board on a needs-basis
- Perform regular Surveyor Audits to guarantee a level of objectivity and transparency.
  - These audits may be announced or unannounced during on-site visits
  - Evaluation is based on:
    - On-site observation
    - Peer Review
    - Feedback from the HCO
- Submit Evaluation Reports to the Accreditation Review Board

### **Accreditation Surveyors**

- The Survey Team will consist of both International surveyors and local candidates who will be trained to

- conduct future surveys.
- Surveyors will be contracted with on an ad-hoc basis
- Qualifications of International Surveyors should include:
  - o General knowledge and experience in health care
  - o Skills in critical thinking, problem solving, interviewing communication and teamwork
  - o Educational degree in area of specialty from recognized and certified institutions
  - o Over 10 years of experience and at least the last 3 years in a healthcare organization.
  - o Experience in quality improvement projects
  - o Certification/Licensure in the required disciplines and maintain a surveyor certificate.
  - o Participate in ongoing surveyor education programs and training programs along with knowledge of assigned and updated regulations and standards
- Local candidates will be recruited to join survey teams to gain training and experience in conducting surveys and will be obliged to enroll in training programs.
- Recruitment will be based on the following qualifications:
  - o Education:
    - Physicians
    - Nurses
    - Public Health Professionals
    - Pharmacists
    - Allied Health Workers
    - Information Systems graduate
  - o Other Requirements:
    - General knowledge and experience in health care
    - Skills in critical thinking, problem solving, interviewing communication and teamwork
    - Communication Skills
    - Previous involvement in and/or a clear understanding of Quality Improvement
    - Participation in Continuing Education Programs
- Within every team, one of the surveyors assumes the role of Coordinator.
- The Coordinator must have had a significant amount of visits and experience.
- The Coordinator organizes the following:
  - Planning of the visit
  - Preparation of the survey team for the visit
  - Organization of the visit
  - Compilation and Submittal of the report

#### **TECHNICAL ADVISORY COMMITTEE (TAC)**

- Comprised of a manager from within the Committee serving a designated term (ex. 3years) along with a Researcher.
- The Manager may call on further consultation from technical experts in accreditation (ex. HAS or OPCV) or Quality Department representatives from different hospital categories: Acute, Long-term, Specialized, University

- Draft Standards and Guidelines for Hospital Accreditation and forward it to the Accreditation Council for approval
- Provides consultative advice to the Council regarding
  - o Standards: Applicability and Clarity
  - o Non-technical concerns related to obstacles experienced in the past surveys

#### **Research and Data Analysis**

- Consists of a full-time researcher along with volunteer research assistants and data analysts based on need.
- Conducts analyses on Survey Reports in order to identify trends and areas of improvement and communicate the findings to the TAC Manager
- Conducts Post-survey Evaluations for HCOs and communicate the findings to the TAC Manager
- Organizes workshops and education on Quality and Accreditation along with training on the National Standards and Guidelines for all hospitals and concerned stakeholders

#### **FINANCE DEPARTMENT**

- Consists of a Manager along with 1 accountant
- Responsible for all administrative procedures related to Accounting and Financial Management
- The Finance Manager, in collaboration with the Accreditation Council, decides on budgets, sources of income along with various fundraising activities to ensure financial sustainability of the Accreditation Program
- Responsible for dispensing salaries and other financial commitments such as:
  - Regular Salaries paid to:
    - CEO
    - Executive Secretary
    - ARB Manager
    - Finance Manager
    - 1 Accountant
    - Researcher
    - TAC Manager
  - Contractual remuneration paid to:
    - Appeals Committee members (per-case)
    - Legal Counselor (per-case)
    - External Auditors (per-audit)
    - Surveyors (per-diem)
    - Technical Consultants (per-consultation)

**Qatar**  
GlobeMed Qatar  
(2006)

**Ivory Coast**  
MCI - SOGEM  
(2002)

**Lebanon**  
MedNet Liban  
(1991)

**Syria**  
GlobeMed Syria  
(2000)

**Kuwait**  
GlobeMed Ltd.  
(2006)

**Kingdom of Saudi Arabia**  
GlobeMed Saudi  
(2004)

**United Arab Emirates**  
GlobeMed Gulf  
(2008)

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