

Patient Safety And International Hospital Accreditation

Model Partnership in Healthcare: United States & Turkey

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National Healthcare Accreditation Programs

- The number of accreditation programs around the world has doubled every five years since 1990
- 80% of the world's reported surveys are undertaken by 20% of the programs
- One in three accreditation programs is enabled by national legislation
- Voluntary accreditation is becoming statutory
- Most new programs are government sponsored





Brief History of International Accreditation

The Joint Commission

(Joint Commission on Accreditation of Hospitals)

(Joint Commission on Accreditation of Healthcare Organizations)

Is created in 1952 by the American College of Surgeons together with:

- American College of Physicians
- American Hospital Association
- American Medical Association
- Canadian Medical Association



Joint Commission International

- 1994 Joint Commission International (JCI) is formed to provide education and consulting services to international clients
- 1999 JCI publishes first hospital standards manual and accredits first hospital
 - Hospital Israelita Albert Einstein, Brazil
- Istanbul Memorial Hospital, Spring 2002
 - Thirty-six Healthcare organizations accredited in Turkey
- Almost 300 healthcare organizations in 39 countries accredited to date



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Canadian Commission on Hospital Accreditation

1953

- The Canadian Hospital Association (now the Canadian Healthcare Association)
- The Canadian Medical Association
- The Royal College of Physicians and Surgeons
- L'Association des médecins de langue française du Canada

- The commission's purpose is to create a Canadian program for hospital accreditation

Accreditation Canada

(Canadian Council on Hospital Accreditation)
(Canadian Council on Health Facilities Accreditation)
(Canadian Council on Health Services Accreditation)



- In 1958 Council begins to set standards for Canadian hospitals and evaluate their compliance
- Begins to survey internationally in 2000
- To date accredited 13 hospitals plus the Bermuda Hospital Board



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Australian Council on Healthcare Standards (ACHS)



- 1969-1973 The Australian Medical Association and the Australian Hospital (now Healthcare) Association review the model of accreditation developing in the United States and Canada and determine an appropriate approach for Australia
- The Evaluation and Quality Improvement Program (EQuIP) is launched in 1996
- ACHS International is established in 2005



International Society for Quality in Health Care Ltd. ISQua

- Accrediting the accreditors
- Accrediting Standards
- Formal relationship with WHO
- Mission is “Driving continual improvement in the quality and safety of healthcare worldwide through education, research, collaboration and the dissemination of evidence-based knowledge”

ISQua Accreditation

- As of August 2009 ISQua has accredited:
 - 16 organizations (Including: Accreditation Canada, ACHS, JCI)
 - 29 sets of standards (Including: Accreditation Canada, ACHS, JCI)
 - 4 surveyor training programs (Including ACHS)



A Very Brief History of Quality Improvement and Accreditation





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Reducing Risk

- Accreditation
- Six Sigma
- Other risk reduction strategies:
 - Indicators
 - A structured program



Defining Quality Improvement



Systematic, data-driven activities designed to facilitate immediate improvements in healthcare delivery in specific settings

Six Sigma

- Highly structured
 - Teams and committees
 - Hierarchy of oversight
- Eliminates defects, waste and quality problems
- Focuses on solutions with the most ROI
- Rigorously defined
- Ultimate goal is to reduce errors
- Contribute to financial success
- Program is expensive

The Differences:

Quality Improvement Programs

- Internally driven
- Look at averages
- Focus on outcomes
- Retrospective; fix defects
- Focus on quality
- Attentive to production
- Training is separate from management system

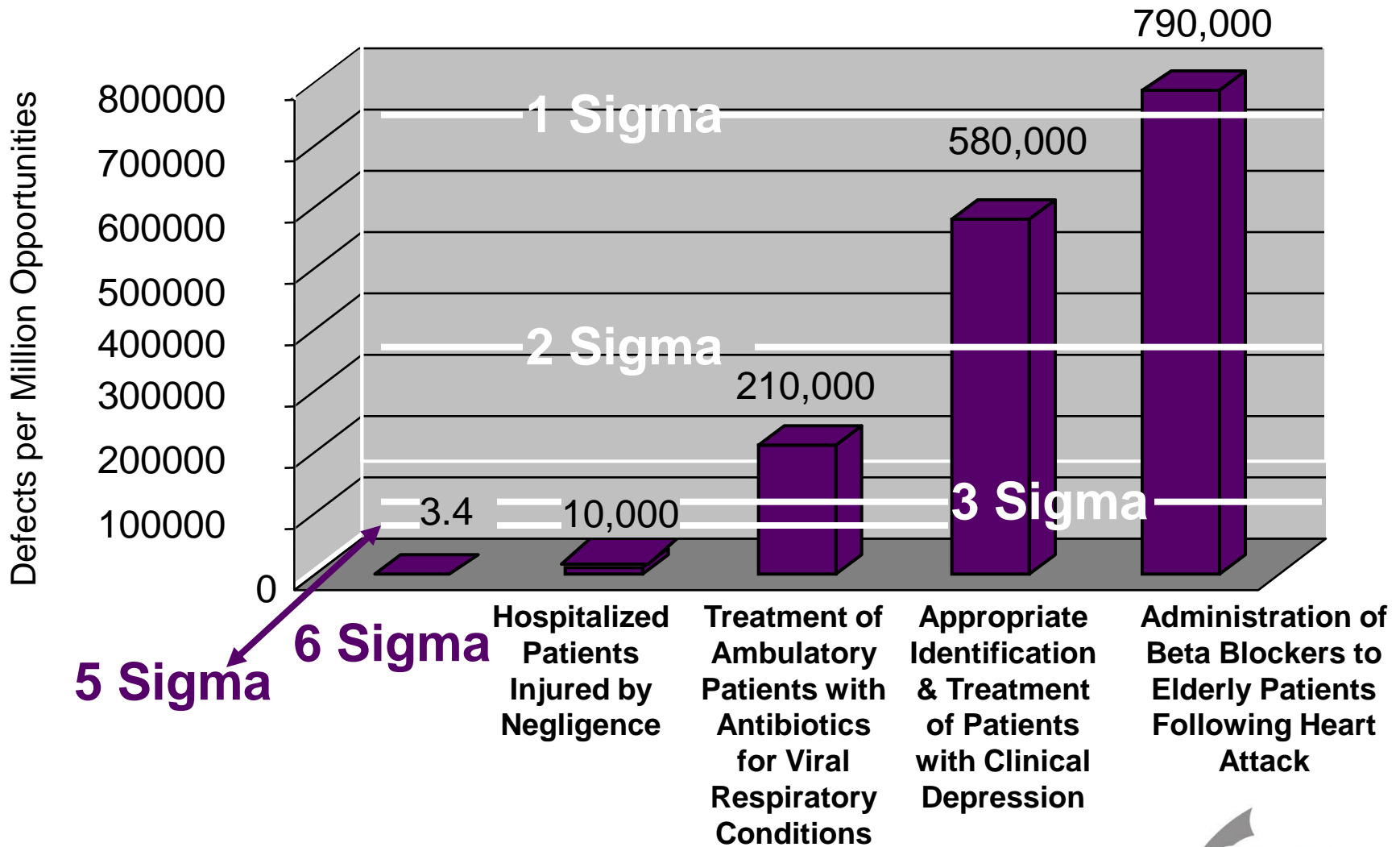
Six Sigma

- Driven by the customer
- Targets variation
- Focuses on processes
- Prospective; prevents defects
- Focuses on quality & ROI
- Attentive to total business
- Training is integral to management system

Key Concepts

- **Critical to Quality (CTQ):** Attributes most important to the customer
- **Defect:** Failure to deliver what the customer wants
- **Process Capability:** What your process can deliver
- **Stable Operations:** Ensuring consistent, predictable processes to improve what the customer perceives

Healthcare Fails to Deliver Six Sigma



Six Sigma Healthcare Project Examples

- Improving process/safety for medication administration
- Reducing ventilator acquired pneumonia
- Stroke Patient Length of Stay
- Reduced Number of Inpatient Transfers
- Emergency Department Patient Wait Time
- Reduction in Lost Films
- MR Exam Scheduling Improvement
- Staff Recruitment and Retention
- Operating Room Case Cart Accuracy
- Physician (Professional Fee) Billing Accuracy
- Quality of Care and Satisfaction of Families in Newborn ICU

Performance Measurement Indicators

- Sets of indicators that track to measure the outcomes of various systems or processes in the organization
- The indicators should align with existing areas of focus within the organization's strategic and operational plans
- Achievable goals should be set for each indicator that will prompt the organization towards best practice and benchmark levels of performance

Sample Patient Care Indicators 1

Standard: Use of Emergency Department for condition that could be treated in clinic or office

Source: Commonwealth Fund

Measure: Number of ED visits divided by number of ED visits for non-emergency conditions (or other ambulatory care sensitive measure)

Value: Promote efficient and appropriate use of resources and reduce waste

Sample System Indicators 1

System Performance: Staff training/ development

Performance Indicator: Percent of staff trained against relevant national standards

Value: Ensures facilities are adhering to practices set forth in national standards

Why is International Accreditation important to Insurance Companies



Accreditation as a Risk Reduction Strategy

- Standardizes processes and systems
- Provides a framework to improve patient safety
- Provides comparison with self, others, and best practices
- Supports development of a quality measurement database

What can Accreditation Achieve?

- Improve quality and safety
- Reduce costs and increase efficiency
- Increase the public trust in the organization
- Improve the management of clinical services

What can Accreditation Achieve?

- Provide education
- Promote public/private enterprise
- Provide comparative data for structures, processes and results or build a database
- Provide a methodology to improve quality

Current Weaknesses of International Accreditation

- No universally accepted standard of who is qualified to call themselves “international accreditation organization”
- No control group studies
- No studies to show sustainable improvement
- No study that shows improvement in efficiency and reduction in costs of healthcare services
- System does not change with industry dynamics

Current Weaknesses of International Accreditation

- Periodic announced survey visits
- Data is not collected in a standardized way
- Does accreditation represent the greatest level of achievement in patient safety and quality of care?



Demand for International Accreditation

- Third party payers
- Multinational corporations
- Ministries of Health
- Ministries of Tourism....
- Other stakeholders

Health Benefit Plans with Medical Tourism Pilot Programs

Figure 2: Medical Tourism Pilot Programs within Health Benefits Plans

| Insurer | State | Foreign Medical Site | Program Summary |
|--|----------------|--|--|
| Anthem Blue Cross and Blue Shield (WellPoint) ⁶ | Wisconsin | Apollo Hospitals, India | <ul style="list-style-type: none"> • Will send the employees of Serigraph, Inc., a corporate client of Anthem WellPoint, to Apollo Hospitals for certain elective procedures; the program will start with Delhi and Bangalore facilities and later expand to all JCI-accredited Apollo Hospitals • Pilot project will cover about 700 group members • All financial details, including travel and medical arrangements, will be managed by Anthem WellPoint |
| United Group Program ^{7,8} | Florida | Bummigrad, Thailand Apollo Hospitals, India | <ul style="list-style-type: none"> • Actively promoting medical tourism to more than 200,000 individuals covered through self-funded health plans and fully-insured, mini-med plans |
| Blue Shield and Health Net ^{9,10} | California | Mexico | <ul style="list-style-type: none"> • Covers about 20,000 patients • Focused on employers that hire a large number of Mexican immigrants |
| Blue Cross Blue Shield ¹¹ | South Carolina | Bummigrad, Thailand | <ul style="list-style-type: none"> • Will cover patients' procedures organized through Companion Global if their plans cover travel • Will also cover two follow-up visits with physicians at Doctors Care |

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Recession-adjusted Projection U.S. Outbound Medical Tourism

| | | Actual | | | Estimate | | |
|--------------------------------|---------------------------|--------|------|------|----------|-------|-------|
| Year | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Recession-adjusted Forecast | #Patients (000) | 750 | 540 | 648 | 878 | 1,283 | 1,621 |
| | Forward Growth Rate | -20% | -10% | +20% | +35% | +35% | +35% |

Note: 2007 is actual experience as reported by:

[1] Baliga H. "Medical tourism is the new wave of outsourcing from India," *India Daily*, Dec 23, 2006.

Available at: www.indiadaily.com/editorial/14858.asp

[2] Horowitz MD and Rosensweig JA. "Medical Tourism - Health Care in the Global Economy," *The Physician Executive*, Nov/Dec 2007

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AMA Guidelines for Patients

- Medical care outside the U.S. should be voluntary
- Financial incentives to go outside the U.S. for care should not inappropriately limit diagnostic and therapeutic alternatives, or restrict treatment or referral options
- Financial incentives should be used only for care at institutions accredited by recognized international accrediting bodies

AMA Guidelines for Patients

- Local follow-up care should be coordinated and financing arranged to ensure continuity of care
- Coverage for travel outside the U.S. for care must include the costs of follow-up care upon return
- Patients should be informed of rights and legal recourse before traveling outside the U.S. for care

AMA Guidelines for Patients

- Patients should have access to physician licensing and outcomes data, as well as facility accreditation and outcomes data
- Transfer of patient medical records should be consistent with HIPAA guidelines
- Patients should be provided with information about the potential risks of combining surgical procedures with long flights and vacation activities

What is Important to Patients?



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Medical tourism or medical travel can produce discounts of 80 percent

By **AVERY COMAROW**
Posted: May 1, 2008

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PHOTO GALLERY
Medical Travel



The number of U.S. patients who came to Wockhardt doubled in 2007.

If he could have, Brad Barnum would have kissed the ground when he climbed out of the car in Ruidoso, N.M., at the end of March. But the 53-year-old building contractor had undergone major remodeling himself—and his new knee and two new hips ruled out kneeling for a few more weeks. Still, he was ecstatic. More than two months after leaving for the hospital, he was home, and he had afforded the otherwise unaffordable. By having the work done in India, at Wockhardt Hospital in Bangalore, he'd gotten his new joints for just \$23,000. Even after adding about \$5,000 for airfare, passport, visa, and incidentals, the total was nearly 80 percent less than the \$125,000 or more he easily could have been charged by a U.S. hospital. And that bill wouldn't have included physician fees and "ancillary charges."

Barnum is one of thousands of Americans—estimates range from an ultraconservative 5,000 to 500,000 annually if minor procedures are counted—who are leaving the States for surgery when they have to come up with funds themselves. They may be self-employed or work for a small business and lack health [insurance](#), for example, or their procedure may not be covered.

Related Articles

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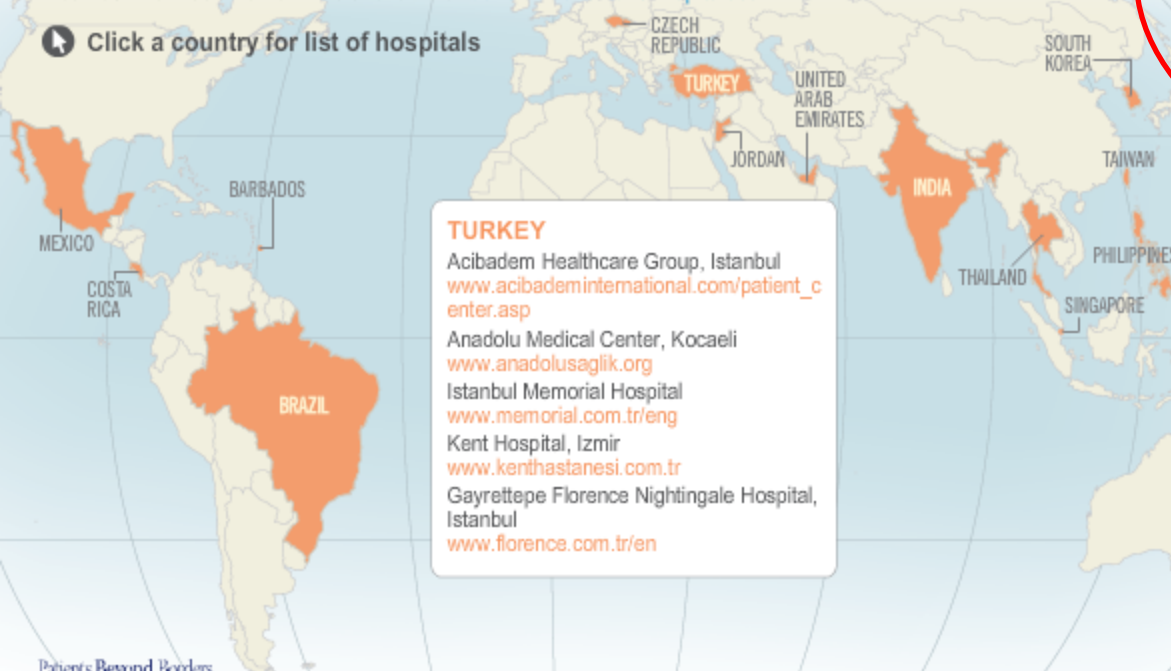
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Hospitals for Medical Travelers

Forty-two hospitals have passed a three-part assessment of their value to Westerners by Patients Beyond Borders, a Chapel Hill, N.C., group that surveys foreign hospitals and publishes guides to medical travel. Detailed information on each is available at usnews.com/worldhospitalssearch

Click a country for list of hospitals



Patients Beyond Borders

PATIENTS BEYOND BORDERS

Patients Beyond Borders

Patients Beyond Borders

is a landmark series of consumer guides to international medical travel that has helped thousands of patients plan successful health journeys abroad. Healthy Travel Media, publisher of the guides, has become a global clearinghouse for useful information about medical and wellness travel.

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Drivers of change

- Rise of the resourceful patient
 - Information technology, particularly the internet
 - Recommendations from Family or Friends who have received care abroad
- Growing gap between what could be done and what can be afforded
- “In Scotland where I was born death was viewed as imminent. In Canada where I trained it was seen as inevitable. In California, where I live now, it’s considered optional.” Ian Morrison

Drivers of Growth

- Globalization of the U.S. workforce
- Low-cost global transportation
- Increased demand for:
 - Outpatient surgery
 - Cosmetic surgery
- Increased coverage for dental surgery
- Increased sophistication of medical tourism operations



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Thank you!