

## An overview of External Quality Assessment Models

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## 5 approaches to External Quality Assessment

- Licensure
- Certification
- Accreditation
- EFQM
- Visitation

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## 5 EQA models

- The models serve different goals/needs
- Different health care systems ask for different models
- Each assessment has its own limitations and capabilities
- Models have their own history
- Before choosing a model decision makers need to be clear about motives, objectives and stakeholders



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## Licensure

- Definition: Granting permission to a HC provider to operate or engage in an occupation or profession
- Goal: Protect public health and safety
- Ownership: Governmental authority
- Context: Licensure is mandatory; it's embedded in laws and regulations



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## Licensure (2)

- Standards: standards are minimum qualifications
- Impact: non-compliance restricts entry to practice (for *professionals*) or denies permission to deliver patient care (for *organizations*)
- Audit: initial, global audit; automatic renewal or periodic inspections



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## Licensure (3)

- Licensure requirements are relatively static, since change requires legislative initiatives
- Most countries have a licensure system for professionals and organizations
- Effectiveness in protecting public safety?



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## Certification

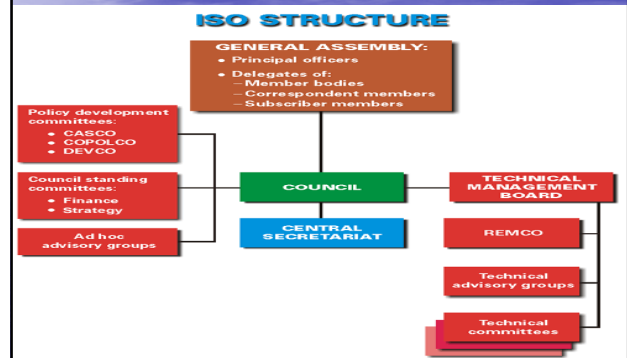
- Definition: a written assurance that an authorized body evaluated and recognized an individual or an organization as meeting pre-determined requirements
- Goals: assuring public trust, access to deliver/reimburse services, risk/cost reduction,
- Ownership: Governmental or private body
- Context: mandatory or voluntary, sometimes a prerequisite for being reimbursed for services



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## Certification (2): for organizations



## Certification (3): for organizations

- International Organization for Standardization (ISO) is gaining popularity in health care
- ISO is not a certifying body; independent certified auditors conduct evaluations
- ISO standard development: voluntary, consensus based, industry-wide
- ISO 9000: Quality management *systems*



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## Certification (4): for organizations

- Quality management = what the organization does to fulfill:
  - the customer's quality requirements,
  - regulatory requirements, while aiming to
  - enhance customer satisfaction, and
  - achieve continual improvement of its performance in pursuit of these objectives



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## Certification (5): standards are based on 8 quality management principles

- Customer focus
- Leadership
- Involvement of people
- Process approach
- System approach by management
- Continual improvement
- Factual approach to decision making
- Mutually beneficial supplier relationships



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## Certification (6): for professionals

- Professional bodies grant certificates to colleagues who meet competence or performance criteria
- Certification may be acknowledged through regulation or licensure
- Recent developments: re-certification, revalidation, re-registration and/or maintenance-of-certification



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## Certification (7): for professionals

*Certification in the USA as an example*

- *Initial* certification: granted when training accomplished. One-time event.
- *Re-certification* (70-ies). Primarily a written evaluation of medical knowledge. Every 6 to 10 years.
- *Maintenance-of-certification* (> 2000): a continuous process of evaluation, focussing on the assessment and improvement of practice performance



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## Certification (8): for professionals

[Med Educ 2004;38. special issue]

- MoC requires specialists to demonstrate:
  - evidence of professional standing
  - commitment to lifelong learning (self assessment)
  - evidence of cognitive expertise
  - evidence of evaluation of performance in practice



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## Visitatie

- **Definition:** on-site survey of (medical) professional teams by their peers in order to evaluate the level of quality management and the quality of patient care delivered
- **Goals:** CQI through peer review, education and prevention of adverse outcomes
- **Ownership:** professionals
- **Context:** voluntary, moving towards mandatory



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## Visitatie (2)

- **Scope:** hospital-based specialist groups
- **No pass-or-fail approach:** no 'certificate'
- **Visitatie results** are not publicly available, but confidential to surveyed peers
- **Standards:** developed by professionals
- **Focus:** moving from a general assessment of structural Q aspects, towards specific assessment of practice organization and care delivered



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## Visitatie (3)

- Widely used in The Netherlands by the medical profession and others
- UK: General Medical Council launched 'visitatie' to review doctors who may be seriously deficient
- Europe: Sweden and Finland
- USA: Only for OB/Gyn and anesthesiology
- Australia: Royal College of Physicians



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## Visitatie (4)

*Visitatie in the Netherlands as an example*

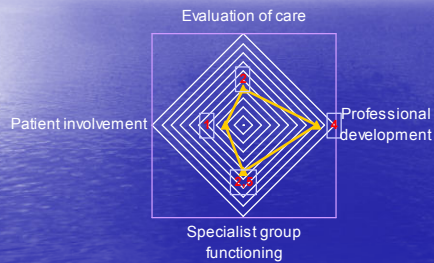
- Approx. 15.000 medical specialists
- 27 acknowledged specialty societies
- 85-95% membership of specialty societies
- Specialty societies each develop own QA/QI policy; visitatie is one element
- One day surveys, conducted by peers
- Once every 3 to 5 year



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## Visitatie (5): professional Q profile



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## Visitatie (6): Quality aspects

Quality domain	Quality aspects
Evaluation of patient care	Evaluation of patient care processes & outcomes Evaluation of implementation of guidelines
Patient perspective	Patient satisfaction Patient complaint management
Professional development of medical specialists	CME Research and Innovation Teaching and training Individual performance and feedback
Specialist group functioning	Specialist group performance

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## EFQM

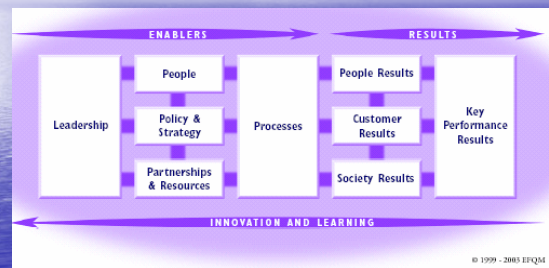
- Definition: primarily a self-assessment instrument to facilitate organizational development. Also, an auditing model for the Quality Award
- Goal: facilitating QI initiatives.
- Ownership: users of the model
- Context: voluntary
- Standard setting: standards of excellence; generic approach; non-prescriptive

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## EFQM excellence model (2)



© 1999 - 2003 EFQM

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## EFQM (3)

- EFQM introduced in 1993 and last revised in 1999
- Widely used in all industries and organizations
- In most European countries HC-organizations use it for self-assessment
- UK and The Netherlands (only) have national institutes to support practical work

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## Accreditation

- Definition: process by which a recognized body assesses and recognizes that a HC organization meets pre-established and published standards
- Goal: QI, strengthen public confidence, providing education, risk reduction
- Ownership: usually a NGO (except in Belgium, Scotland and France)

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## Accreditation (2): history & use

- ACS started in 1913 in USA
- Followed by Australia (1926) & Canada (1958)
- Europe: rapid growth of programs since 1995
- 36 nationwide programs worldwide (WHO, 2000); 17 focusing on entire hospitals (WHO, 2002)
- Many regional programs (USA, Spain, UK, Italy)



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## Accreditation (3)

- Context: voluntary or mandatory (Croatia, France, Italy, Scotland & regional programs)
- Scope: Hospitals, clinical specialties, community services, networks
- Standards:
  - Consensus-based development by health care experts.
  - Shifting with maturity: minimum towards optimal Q levels
  - Directed at systems, networks, departments or services
  - Moving from structure towards organizational performance
- Accreditation decisions: varies per program



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## Accreditation (4): ALPHA

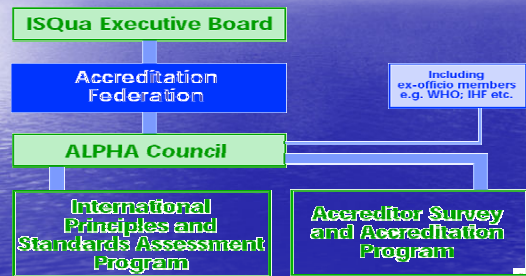
- Accreditation of accreditation programs!!
- Assessment of a *program's standards*
- Accreditation of the *program*
- Support with accreditor development
- Alpha structure: Federation Members are independent accreditation organisations with elected representatives on the ALPHA Council



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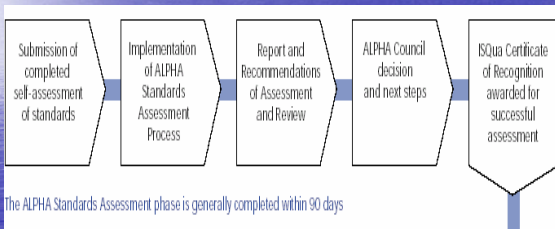
## Accreditation (5): ALPHA Structure



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## ALPHA International Principles for Healthcare Standards: Standards Assessment



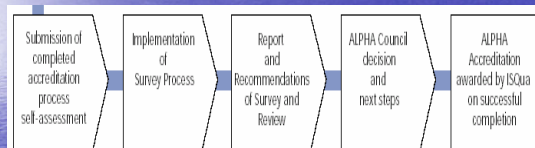
The ALPHA Standards Assessment phase is generally completed within 90 days



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## ALPHA International Standards for Healthcare Accreditation: Survey process



The ALPHA Survey phase is generally scheduled within 30 days of the appointment of the international survey team. The Report and Recommendations are completed within two months of the survey.



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## Conclusions wrt EQA

- May serve any of your goals of accountability, CQI, risk management, organizational development
- Requires large investments in time, money and energy
- Effects are hard to measure

Please now turn to  
assignment 2

## Deciding on external assessment models

## Deciding on External Q Assessment

[A. Rooney, P. van Ostenberg, USAID, 1999]

1. Needs assessment
2. Situational analysis
3. Gap analysis
4. Decision analysis
5. (Re-)design EQA system

## 1. Needs assessment

- Country-wide or regional
- Involving all key stakeholders in health care
- Inventory of different perspectives on what is needed most in health care
  - Focus groups, surveys, workshops, etc
- Prioritizing needs

## 2. Situational analysis

- Comprehensive analysis to answer the question: What's happening currently in health care?
- Self-assessment questions:
  - What is the historical approach to regulation and evaluation?
  - Current societal factors impacting Q of health care?
  - What infrastructures exist to implement Q assessment?
  - How well do they work? What do they cost?
  - What laws, regulation, standards exist?
  - Is there an existing database?

### 3. Gap analysis

- Determining system wide gaps (or: remaining priority needs) by comparing needs assessment and situational analysis
- Compare identified gaps with pre-set criteria:
  - Potential risk/harm to patients and community
  - Impact of gap (size/numbers organizations, people)
  - Resource implications
  - Expected overall impact in improving Quality



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### 4. Decision analysis

- Analyze potential solutions to gaps and needs
  - Brainstorming all strategies to redesign the current system or develop new system
  - 'Benchmarking' with effective other systems of Q evaluation
- Consider resource implications and sustainability



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### 5. (Re)design a system for External Quality Assessment

- Thinking through (planned) changes:
  - i.e. Pre-testing baseline knowledge, redesigning training program, developing examination mechanism
- Pilot-testing
- Analysing findings, refining system
- Fully implementing new system
  - Monitoring & evaluating effectiveness and costs



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Please now turn to assignments 3 + 4



### How to introduce Quality Management?

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### Implementing an EQA program (1)

1. Determine the design: (ownership, purpose, mission)
2. Implement infrastructure
3. Develop standards
4. Develop scoring schemes
5. Recruit & train surveyors/auditors



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## Implementing an EQA program (2)

6. Pilot-test the EQA program
7. Analyze findings, refine system
8. Offer info & education about program
9. Run the program: conduct audits
10. Give feedback and support in complying with standards



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## Getting ready for accreditation (1)

[Bruchacova Z. Bratisl Lek Listy 2001;102;153-158]

1. Distribute the standards to the right people
2. Appoint a quality coordinator
3. Get doctors involved
4. Have managers' commitment
5. Conduct an internal audit



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## Getting ready for accreditation (2)

[Bruchacova Z. Bratisl Lek Listy 2001;102;153-158]

6. Identify non-compliance and prepare action plans
7. Teach CQI
8. Conduct a second internal audit
9. Offer perspective: CQI is a dynamic process
10. Give feedback and management support after the survey



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Please now turn to  
assignments 5 + 6

