Outline

• Mission statement
• Quality Evaluation Mechanisms
• Accreditation
• Accreditation trends
• International Stakeholders
• Quality in Nigeria
• SQHN 5 year Strategic Plan
Mission Statement

To lead, advocate and facilitate the continuous improvement of quality and safety in healthcare in Nigeria through Education, Collaboration, Training & Accreditation
## Quality evaluation mechanisms

<table>
<thead>
<tr>
<th>Approaches</th>
<th>Issuing Organisation</th>
<th>Level of Evaluation</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure (mandatory)</td>
<td>Governmental authority</td>
<td>Individual</td>
<td>Set at a minimum level to ensure an environment with minimum risk to health and safety.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>Accreditation (voluntary)</td>
<td>Recognized tools, usually an NGO</td>
<td>Organization</td>
<td>Set at a maximum achievable level to stimulate improvement over time.</td>
</tr>
<tr>
<td>Certification (voluntary)</td>
<td>Authorized body, either government or NGO</td>
<td>Individual</td>
<td>Set by national professional or specialty boards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organization or component</td>
<td>Industry standards (e.g. ISO 9000 standards); evaluate conformance to design specifications.</td>
</tr>
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</table>
Accreditation

• “A public recognition 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.”

• Accreditation aims to:
  – Improve the quality of healthcare
  – Improve clinical outcomes
  – Reduce risks associated with injury for patients and staff
  – Strengthen the public’s confidence in the quality of healthcare
  – Provide education and consultation to quality improvement strategies and best practices in healthcare
Accreditation trends

• More recently, most accreditation programs backed by Governments

• No one size fits all:
  – Egypt: Within the Ministry of Health
  – Thailand: Independent government agency
  – US: PPP - Community Health Accreditation Program – ‘deeming authority’ granted by Center for Medicaid and Medicare Services
  – South Africa: COHSASA ‘evolved’ from University of Stellenbosch
  – ISQua: independent, working across countries

• Voluntary versus mandatory:
  – ‘In many situations, it is hard to implement a fully independent accreditation organization without legalization and enforcement from government’ (Indonesia)
  – ‘Quality must come from within, a compulsory program……may undermine…continuous improvement’ (Thailand)
# International stakeholders in quality

<table>
<thead>
<tr>
<th>Organization</th>
<th>Roles/services</th>
</tr>
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</table>
| International Society for Quality in Healthcare (ISQua) | • Develop quality in LMIC and developing countries  
• Workshops and educational programs  
• Consulting role  
• Accredit the Accreditors:  
  - Standards  
  - Organizations  
  - Surveyor training program  
• ISQua experts to support standards development  
• In-country arrangements are country dependent |
| Joint Commission International (JCI)                 | • ISQua accredited  
• Accrediting body for hospitals, advisory services, education |
### International stakeholders in quality (2)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Role/Services</th>
</tr>
</thead>
</table>
| Council for Health Service Accreditation of Southern Africa (COHSASA)       | • ISQua accredited  
• Accrediting body, Standards development, Surveyor training  
• COHSASA standards – PHC, EMS, Hospitals, Hospice  
• SafeCare standards (with JCI & PAF) for district hospitals and clinics |
| International Standards Organization                                         | • Provides international standards  
• Health ISO 9001:2008 (generic)                                                                 |
Quality in Nigeria

• Quality of healthcare is an undisputable problem

• The National Health Strategic Development Plan (2010-2015) identifies quality as a priority through various strategic objectives:
  – 2.2.4.7 Strengthen professional regulatory bodies and institutions
  – 2.2.4.8 Develop and institutionalize quality assurance models
  – 2.3.4.7 Mechanisms to strengthen and monitor health workers
  – 2.2.4.9 Institutionalize health management and integrated supportive supervision

Presidential summit Declaration on Universal Health Coverage

• PROVIDING policy & regulatory instruments for the institutionalization of systems and mechanism that ensure quality of care and satisfaction for consumers of health care services
SQHN 5 YEAR STRATEGIC PLAN
Moving forward: 2014-2018

1. Capacity building
2. Develop nationally applicable standards
3. Integrate standards into existing health structures and programmes
4. Provide technical assistance for quality improvement
5. Implement independent accreditation
Platforms for implementation

- **Quality institute:**
  - Training
  - Integrate standards
  - Technical assistance for quality improvement

- **SQHN:**
  - Develop standards
  - Implement accreditation system
Build capacity for quality issues in Nigeria

Training
- Developing curriculum for quality training - including online and CPD modules.
- Expand quality CPD to other councils

Platforms for information exchange
- Annual Quality Conferences
- Quarterly hands on workshops

Advocacy
- Involvement and dialogue with relevant stakeholders including MOH
- Recent participation in the Presidential summit on Universal Coverage
- Participate in strategic meetings e.g. NHIS, FMOH, NMA, AGPMP, PCN, NNAMN

SQHN remains at the forefront of building capacity in healthcare quality
2. Develop applicable standards for Nigeria

SQHN Standards

- Establish SQHN committee for standard development
- Determine the scope – Hospital Based for Primary & Secondary incorporating Maternal and Child Health
- Engage JCI as Technical Partner
- Produce first draft of standards
- ‘Expert review’/’publishing – professional associations
- Pilot the standards, modify
3. Integrate standards into existing health structures and programmes

- **Key activities:**
  - Provide technical assistance (advisory services) to health facilities and regulatory structures to improve quality assurance frameworks
  - Provide technical assistance to programmes with service delivery components – trainings, quality improvement advisory services
4. Provide technical Assistance

- Provide technical assistance for quality improvement
  - Make standards available
  - Offer quality improvement assistance towards accreditation
5. Implement accreditation system

- Post – standards development
- Establish surveyor criteria
- Recruit and train pool of surveyors
- Implement surveys
- Facilitate incentives for accreditation
- Promote demand-generation activities
- Implement system for on-going evaluation of standards/accreditation
- Also:
  - Engage in-country stakeholders to develop an incentive system for accreditation
  - Demand generation and promotional activities
• SQHN STANDARDS
Standards – what are they?

• Are statements that define the performance *expectations*, structures or processes that must be in place for an organization to provide safe and high quality care, treatment and service.
Standards

- They are Organized around important functions common to all health care organizations.

- Requirements that are designed to improve patient safety and quality of healthcare.
SQHN STANDARDS

• Patient centered
• Organization Centered
• Maternal and Child Health
Patient Centered Standards

• Care of Patients
• Assessment of Patients
• Patient Safety
• Surgical Care
• Medication Management
Organisation Centered

- Hospital Hygiene & Infection control
- Governance & Leadership
- Facilities Management
- Human Resources Management
- Quality Improvement/Risk Management
- Clinical Empathy
Maternal and Child Health Standards

- Patient Care Management
- Assessment & Re-assessment of patients
- Pain management
- Use of Clinical guidelines/protocols
- Care of Surgical patients
- Medication Management
- Patient & Family Education
- Quality Improvement
- Infection Control
- Risk Management/Health & Safety
- Facilities management
- Patient & Family Rights
- Clinical Empathy
A.5.2. Patient Identification

• Intent

• Medical errors continue to happen in healthcare organizations due to improper identification of patients prior to care. Medical errors range from medication errors, transfusion errors, testing errors, wrong person procedures or discharge of infants to wrong families.
Intent contd

• It is important that there is adequate and careful planning for processes of care which includes identification of patients prior to care and correct matching of patients with their intended treatment which would result in provision of safer care with reduced errors.

• Healthcare providers are involved in, and educated on patient identification process
Requirements

• A.5.2.1. The organization has a process or protocol for identifying patients and matching correct patients with correct care.

• A.5.2.2. The organization identifies situations when patients are identified before care.

• A.5.2.3. The organization determines at least 2 patient identifiers (one of the identifiers must be the name of the patient) that must be used when caring for patients.
Requirement conts

- A.5.2.4. Patients participate in the identification process.

- A.5.2.5. Containers used for collecting specimens are labelled with the patient details in his or her presence.
It is a journey -
THANK YOU
Panel Discussion on Quality as a Competitive Advantage