



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



ACCREDITATION OF HOSPITALS IN LEBANON

Sizar Akoum, IBM
Ministry of Public Health



PROGRAM CONTEXT

- ❖ Advances in medical technologies and continuous integration of expensive techniques → constant pressure on health systems.
- ❖ Challenge: ensuring equitable accessibility to modern and quality medical services in light of scarcity of resources.
- ❖ Historically, the private health sector has developed and grown in a largely unregulated environment: supply driven market with no control over medical technology proliferation and its proper use.
- ❖ Providers' performance is highly variable and lacking in transparency. There are no clinical guidelines to follow.
- ❖ MOH, as the main purchaser of healthcare services, contracts with private providers.



QUALITY ISSUES IN HOSPITALS

- Providing irrational therapeutics
- Absence of nationally adopted clinical protocols
- Not providing information to patients
- Lack of transparency about diagnosis and treatment
- Subjecting patients to unnecessary tests, consultation and surgery.
- Some hospitals were located in residential premises and were ill equipped.
- The welfare of patients is generally disregarded while commercial considerations take over.



ENABLING FACTORS

- ❖ Attempts to regulate the powerful private sector.
- ❖ Hospital accreditation as one of the mechanisms aimed at affecting private providers' behavior in a climate of market failure due to the political interventions in the health sector mainly at the financing level.



DEVELOPMENTAL ISSUES

- The MOH has initiated the accreditation program as part of its normative role that included supporting, financing and supervising the whole process
- Professional associations reluctant to take this step despite its potential benefits.
- Government-inspired and used as regulatory tool
- Reliance on accreditation as the major approach to quality healthcare



ENABLING LEGISLATION

- ❖ Legislation passed on June 22nd 1962 (executive decree 9826), and amended by legislative decree N. 139 of September 16, 1983
- ❖ Article 7 of the decree N.139 (16/9/1983) specifically states “the MOH has the right to evaluate, classify and accredit hospitals according to their status, field of specialty and range of services provided.”
- ❖ Organ: Committee for Evaluation, Classification and Accreditation of Hospitals
chaired by DG of Health and includes representatives of the stakeholders and may seek assistance of external expertise
- ❖ Accreditation *is not mandatory*, it can be considered as a “pre-requisite” to hospitals that contract with the MOH and other public purchasers



GOALS OF THE ACCREDITATION PROGRAM

12/20/2012

- To create:
 - a new basis for contracting with private and public hospitals.
 - a patient advocacy system.
 - incentives for continuous improvement for hospitals.
- To reduce health care expenditures by focusing on increased efficiency and effectiveness of services.
- to strengthen the public's confidence in the quality of hospital services in the private and public hospitals.
- To stop MOH contracting & reimbursement to hospitals that do not meet minimum quality and safety levels



HISTORY OF ACCREDITATION IN LEBANON

12/20/2012

- Classification of Private Hospitals 1983
- Accreditation Survey I 2001- 2002
- Accreditation Survey II 2004 - 2006
- Accreditation Survey III 2010 - 2012



CLASSIFICATION OF HOSPITALS (1983-2001)

- ❖ *Decree # 15206 – 1964* : Classification followed an Alpha star rating system:
 - ❖ Alpha for medical services rating (A, B,C, etc)
 - ❖ Stars for hotelier services(*****,****, etc.)
- ❖ Global rating was a combination of both and tariffs of medical services were set according to the hospital class.
- ❖ Strong financial incentive to invest in high-tech equipments and services without rational planning.



THE ACCREDITATION SYSTEM

1st version of standards - May 2000

- MOH contracted with an Australian consultant (*Oversees Projects Corporation of Victoria (OPCV) -Australia*) to set up accreditation standards
- Was supervised by MOPH and Health Sector Rehabilitation project funded by World Bank
- Issued a national accreditation manual for acute hospitals in Lebanon
- MOH sought consensus among stakeholders in setting the standards



THE ACCREDITATION PROCESS - SURVEY I

- Two-tiered system of standards
 - Basic to compensate the lack of basic requirements for hospital licensing
 - Accreditation based on the principles of total quality management
- Standards did not reflect quality health care outcomes (i.e. patient outcomes indicators such as mortality and morbidity rates).
- Survey performed in 2001 – 2002 on 128 hospitals (only 2 operational public hospitals)



THE ACCREDITATION PROCESS - SURVEY II

Revision of Standards (*started in 2003*)

- Applicability to hospitals of all sizes and complexity of services offered were taken into consideration
- Additional standards for 5 specialty areas.
- A proportion of outcome-based standards have been added with a scoring system, which is both quantitative and qualitative
- Survey performed between 2004 and 2006 covered 144 hospitals



THE ACCREDITATION PROCESS - SURVEY II

Results

- ❖ Accreditation improved significantly the perceived quality of care
- ❖ Generally observed in small and medium sized hospitals due to:
 - ❖ Emphasis put by the MOH to improve service delivery in poorly performing hospitals
 - ❖ Financial incentive (dependence on public financing)



THE ACCREDITATION PROCESS - SURVEY III

- on July 3rd, 2006, a cooperation agreement was signed between the Lebanese Ministry of Public Health and the French Health Authority (HAS), in order to support the MOH in the development and institutionalization of the hospital accreditation program and its extension to include public hospitals.
- In this respect, a contract was signed between the MOH and the Ecole Supérieure des Affaires (ESA) who has been designated as a local counterpart for the HAS in order to implement the project activities and ensure all logistical and administrative support accordingly.



THE ACCREDITATION PROCESS - SURVEY III

Development of accreditation policies and procedures

- The new procedure highlights the role of the national accreditation committee, the creation of a technical committee considered as the external expertise and allows for a formal and documented appeal process.
- The new accreditation procedure includes a formal self-assessment step performed by the hospital and the selection of non-governmental authorized bodies from the private sector to perform the accreditation audit against the national standards.



THE ACCREDITATION PROCESS - SURVEY III

Upgrading of the Accreditation standards

The revision of the accreditation system aims allowed the program to evolve in a way to be in line with international trends in this field:

- by addressing key issues related to patient and client safety
- by introducing key performance measure in clinical areas that allow for an evaluation of outcomes of care

Accordingly two chapters were added to the standards and related to patient safety and evaluation of clinical practice



THE ACCREDITATION PROCESS - SURVEY III

Components of the accreditation process

- Preparation and implementation of the self-assessment process by the hospital.
- An audit to validate the results of the self-assessment conducted by an approved body.
- Submission of the audit report and definition of the accreditation level.
- Continuous improvement of quality.



THE ACCREDITATION PROCESS - SURVEY III

12/20/2012

Accreditation survey performed in 2011

- The Number of Hospitals (Public and Private) involved in the accreditation process is 140
- The number of accreditation reports received from the technical committee (results) is 123.



THE ACCREDITATION PROCESS - SURVEY III

LEVELS OF ACCREDITATION

The National Committee decision defines the level of accreditation based on the recommendations proposed by the Technical Committee:

Type of Decision	Level of Accreditation
No decision	Accreditation without reservation
At least one recommendation	
At least one reservation	Accreditation with simple reservation
At least one major reservation	Accreditation with major reservation



THE ACCREDITATION PROCESS - SURVEY III

LEVEL OF ACCREDITATION HOSPITALS

Distribution of Hospitals according to their level of accreditation

Decision	%
Accreditation without reservation	60.1
Accreditation with simple reservation	32.5
Accreditation with major reservation	7.3



THE ACCREDITATION PROCESS - SURVEY III

LEVEL OF ACCREDITATION HOSPITALS

Classement des Hôpitaux 2006/2013	Accreditation without reservation	Accreditation with simple reservation	Accreditation with major reservation
A (=23)	20	3	-
B (=11)	11	-	-
C (=37)	21	16	-
D (=24)	12	10	2
Nouveaux hôpitaux engagés en 2013 (=28)	10	11	7
Total	74	40	9



POSITIVE CONTRIBUTIONS

- Accreditation in Lebanon helped organizations to achieve the objective of improving the healthcare quality in general and is considered as a regulatory tool for the state to warrant quality of care to the population.
- It provided the hospitals with the incentives for quality improvement and raised the overall awareness among healthcare professionals.
- Provided opportunities for staff education in the field of quality improvement and patient safety.



SYSTEM STRENGTHS

- ❖ Smooth and progressive transition from the classification system to the last version of standards then the addition of the two chapters on patient safety and evaluation of clinical practice.
- ❖ No need to amend legislation
- ❖ Incremental planning of the requirements
- ❖ Evolutionary path helped sustaining quality improvement and inducing cultural shifts.
- ❖ Development as part of the efforts to strengthen the MOH regulation capabilities



SYSTEM STRENGTHS

- ❖ Neutral international expertise sought to foster elements of objectivity and probity among hospitals and to grant a relative protection of political interference.
- ❖ Dialogue between key stakeholders represented in the national committee and consensual adoption of the developed standards
- ❖ Application and documentation of the same rules to all hospitals without discrimination (political or confessional)
- ❖ MOH was able to select hospitals for contracting and to reject contracts with hospitals non-complying criteria



GENERAL REFLECTIONS

Some studies suggest that hospitals might adopt *Opportunistic behaviors solely with the aim of gaining accreditation*, particularly when government link accreditation to other objectives, such as *Payment mechanisms, Resource allocation, and so on*.



CHALLENGES AND KEY QUESTIONS

12/20/2012

“how to beat the system?”

“Are the changes real?”

vs.

“ is there a genuine culture of quality improvement?”

“how to continuously improve?”



GENERAL REFLECTIONS

In order for the government to pursue the quality improvement objective of accreditation, careful consideration should be given to

*Finely balanced mix of
Monetary and non-monetary incentives
to change behaviors.*