



HAUTE AUTORITÉ DE SANTÉ

Hospitals accreditation process in France

Fabienne Menot
Technical Advisor

ERN Brussels 23/06/2014

French National Authority for Health (HAS)

- **An independent public scientific body with financial autonomy.**
- **Reporting annually to Parliament and Government**
- **Missions**

To improve the quality and safety of healthcare in a context of continuous medical progress

- To advise decision-makers on public funding level (clinical benefit) and acceptable pricing (added value of clinical benefit) of health goods and services (drugs, devices and diagnostic or therapeutic strategies) based on actual added medical value
- To provide guidelines for health care professionals (practices, public health and patient safety) and to develop disease management for chronic conditions
- To accredit Health Care Organizations and health care professionals
- To inform the professionals, the patients and the public

The french accreditation program

- ✓ **A program mandated by law (1996);**
- ✓ **A primary objective of improvement in quality and safety of care through the generation of sustained changes in practices and management;**
- ✓ **An objective of accountability and information of the public;**
- ✓ **An increasing role in the regulation.**

HAS standards

➤ Accreditation manual

- Address the hospital's performance in specific areas;
- Specify requirements to ensure that patient care is provided in a safe manner and in a secure environment.

➤ Two Chapters :

- Chapter 1 : Hospital management
 - strategy, resources, quality management & patient safety
- Chapter 2 : Patient management process

➤ 28 standards, 82 criterias

- 13 focus priority topics standards
- Evaluation on clinical practices
- A set of mandatory quality indicators

Focus priority topics standards

- **Evaluation on clinical practices policy**
- **Quality & security improvement program**
- **Risk management**
- **Patients needs**
- **Pain management**
- **Patient file**
- **Patient identification**
- **Drug management**
- **Emergency room**
- **Operating room**
- **...**

Quality indicators

- **Patients' medical records**
- **Anaesthetic records**
- **Pain management**
- **Nutritional status assesment**
- **delay in sending discharge letter**
- **...**

Criterion sample

| STANDARD 12 | | |
|---|--|---|
| Pain management | | |
| REQUIRED PRIORITY PRACTICE | | |
| Criterion 12.a | | |
| Pain management. <u>RPP</u> <u>IND</u> | | |
| E1 | E2 | E3 |
| The strategy for managing pain is formalised in the various sectors of the establishment following agreement with the CLUD (or equivalent). | Training/actions are implemented in the areas of activity. | The managers in the areas of activity ensure that professionals adopt and use the tools. |
| Protocols on analgesics are defined, following good practice guidelines and are adapted to the type of surgery carried out, to the pathology in question, to the type of patient, to the pain resulting from the treatment. | The areas of activity implement patient education in treating pain. | The quality and effectiveness of pain management are evaluated at regular intervals on an institutional level. |
| | Evaluation of pain, as noted in the patient file, is traceable. | Improvement plans are implemented. |
| | Healthcare professionals provide pain relief. | The establishment takes part in shared-experience sessions about the organisations and the actions that have been set up, in particular within the regions. |
| | Methods of evaluating pain for patients who cannot communicate (self-evaluation scales) are made available to professionals. | |

Accreditation process

➤ **Self assessment realised by HCO**

➤ **On site survey**

A network of 500 surveyors (external peer review)

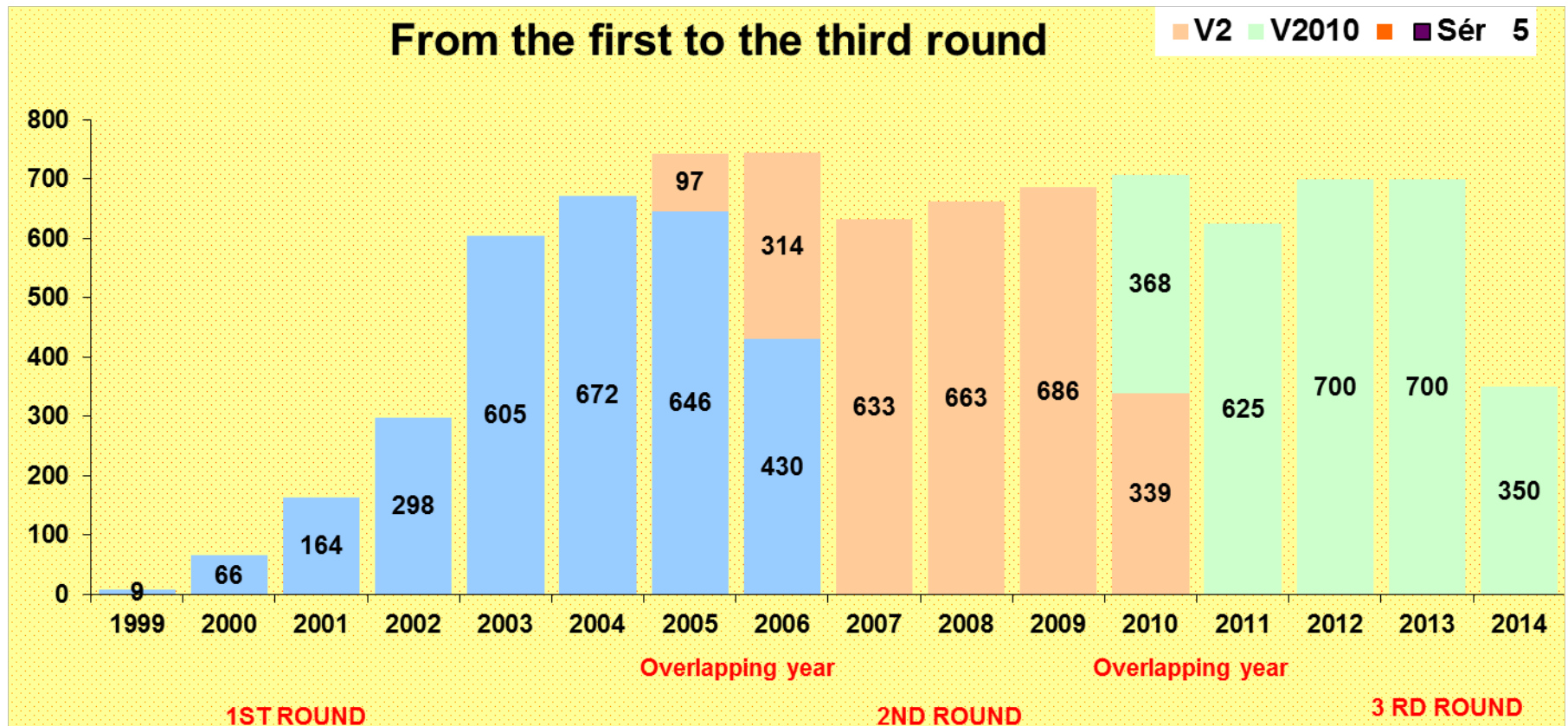
➤ **Decision process**

- A range of five accreditation levels :

- accreditation,
- accreditation with recommendations,
- accreditation with reservation,
- conditionnal accreditation due to major reservation
- non-accreditation

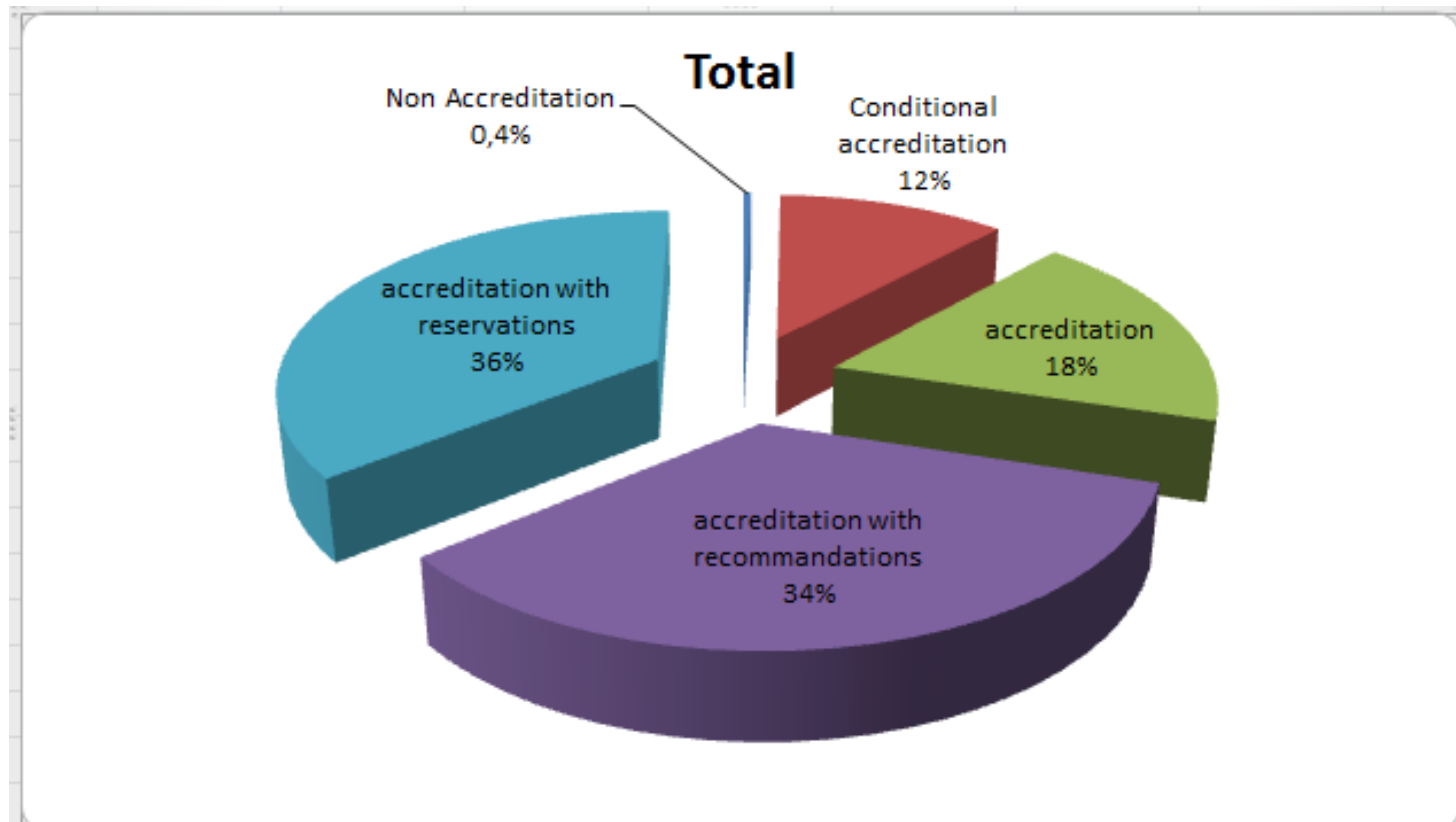
- Public report of the decisions (web diffusion)

Hospital accreditation in France from V1 to V2010



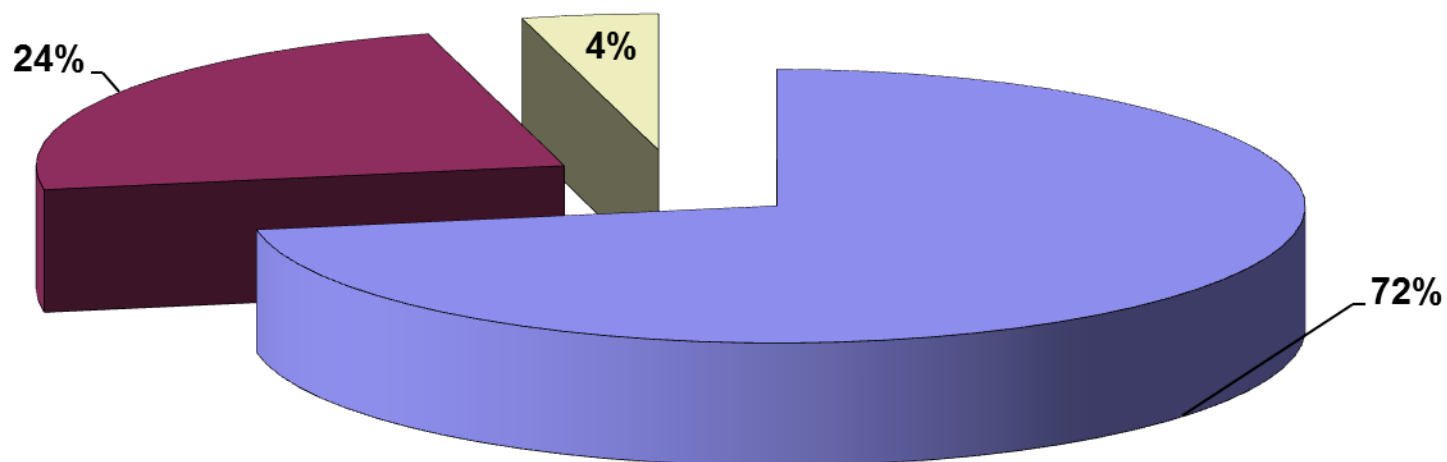
Distribution of accreditation levels

(n = 2054 hospitals)



Decisions : distribution based on severity

(n = 14090)



■ Recommandation ■ Réserve ■ Réserve Majeure



Strategic directions for future

Accreditation : Tool up surveyors

- **Redesign of survey methodology :**
 - Audit on key process
 - Introducing of tracer methodology (patient tracer)

Accreditation : Schedule for assessment

- **From a 4-years mandatory survey to a two-years reporting : implementation of Quality accounts :**
 - Accreditation as a management tool (institutionnal commitment),
 - Continuous quality & safety improvement process,