

## Accreditation and Regulation/ Inspection: two onf a kind?

- **1 Introduction Carsten Engel 8 min**
- **2 Introduction Joeske Vos & Martin de Bree 8 min**
- **3 Questions**
  - a. What are the **options for quality improvement through collaboration** between accreditation and public regulation or inspection based on an awareness of the strengths and weaknesses of the different approaches?
  - b. How can **accreditation and public regulation and inspection reinforce each other?**
  - c. What are **pros and cons** of this type of collaboration but also what are the **burdens** for this type of cooperation ?
- **3 UK / England/ Scotland Victoria Howes -Moyra Amess - Catherine Calderwood 24 min**
- **4 Netherlands Ellen Joan van Vliet – Aukjen Niewijk 16 min**
- **5 France Amélie Lansiaux- Anne Chevrier 10 min**
- **6 Panel Discussion with the audience 24 min**

## A European Comparison between Accreditation and Regulation/Inspection: Two of a kind?

**Both traditional public inspection and public regulation seek to improve safety and quality in health care.** System based regulation implies to shift the focus from the public inspections towards the assurance of quality and safety within regulated organizations. This development brings the focus of accreditation and public inspection and regulation closer together.

- What are the **options for quality improvement through collaboration between accreditation, regulation and inspection**, based on an awareness of the strengths and weaknesses of the different approaches.
- In this session we explore the question **how accreditation and public regulation and inspections can reinforce each other.**
- We present both the **theoretical notions and cases from different countries.** Each case is presented as well from the private /accreditation perspective as well as from the public inspection or regulation perspective.

# A spectrum

introduction presented by Carsten Engel



Traditional regulator	Traditional accreditor
Mission is to protect the public	Mission is to support the provider
Empowered by law, but also limited by legal mandate	Can address anything stakeholders find important and relevant
Can back up its recommendations with power	Essentially dependent on provider's willingness to improve
Potentially an enemy	Can be a friend but also a creator of red tape At times tension between management view and staff view
Has someone violated the law?	How can the system improve?
Mandatory	Voluntary
Acts both proactively and reactively – demands for “action on issues” often crowd out the proactive part	Proactive

This is to illustrate a spectrum – different regulators and accreditors may be at different places on this spectrum



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# EUROPEAN PARTNERSHIP for Supervisory Organisations in Health Services and Social Care

Jooske Vos, Martin de Bree  
ISQua conference Istanbul 2024

### Traditional

- Protect the public
- Limited legal mandate/strict compliance
- Potential enemy
- Recommendations backed with power
- Mandatory acts (“action on issues”)

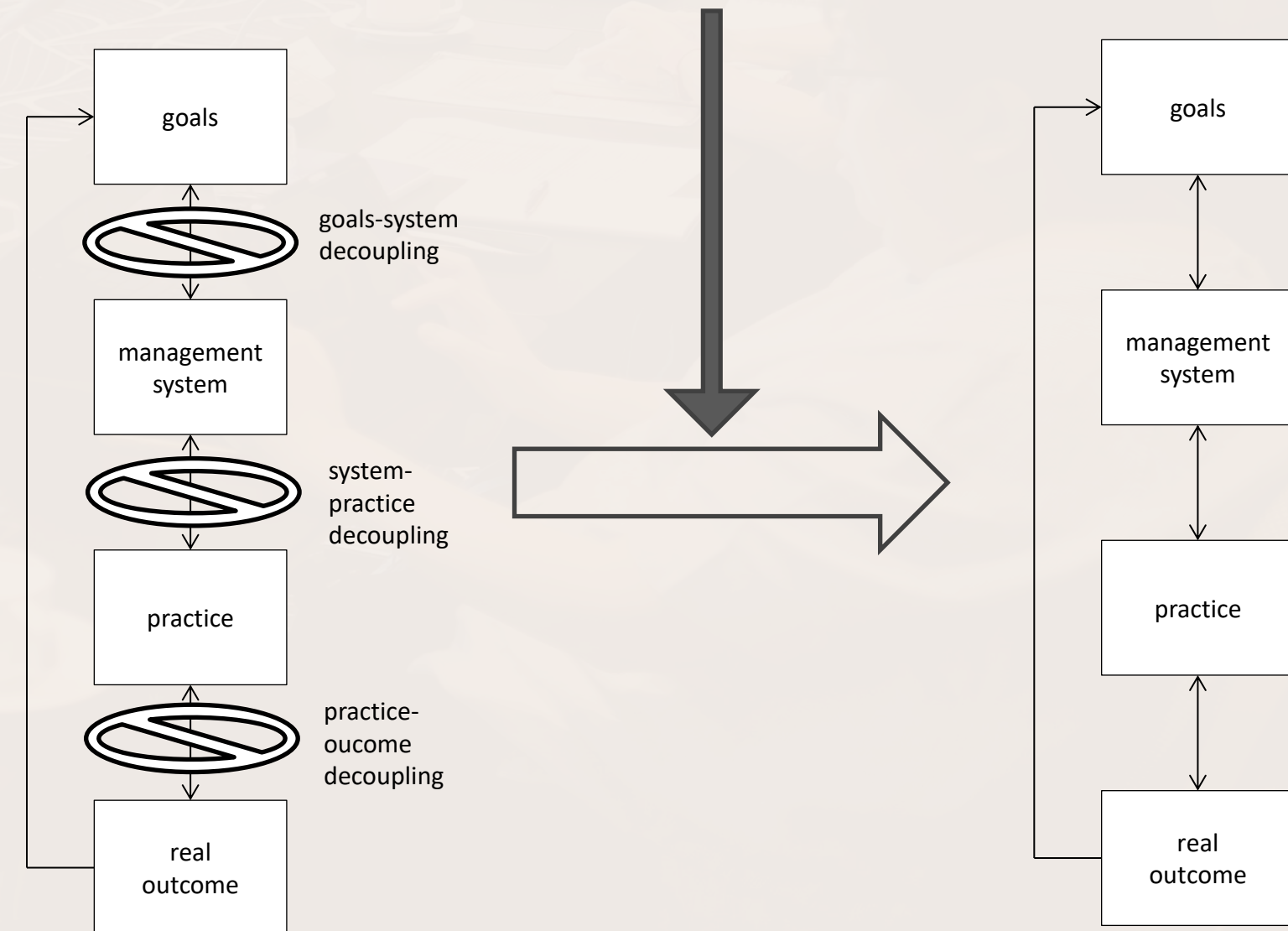
### Modern

- Contribute to the public goal of good health
- Looking at the broader goals of the law and ‘the big picture’
- Friend to support improvement and good practice
- Pro-active actions to prevent mandatory acts
- Using prevention by stimulating self-regulation; including the public and networks
- Mandatory acts and Power to Punish will stay as a last resort measure – not a primary goal

### System-based regulation

- takes the management system as focal point
- identifies (de)coupling
- promotes 2nd order learning for improved safety and quality assurance (recoupling)

(system-based) regulation



de Bree, M., & Stoopendaal, A. (2020). De-and recoupling and public regulation. *Organization Studies*, 41(5), 599-620.

de Bree, M., & Stoopendaal, A. (2024). A regulatory perspective on organisational integrity. In *Research Handbook on Organisational Integrity* (pp. 243-256). Edward Elgar Publishing.

# **Building bridges – England’s approach to inspection and regulation**

- Moyra Amess – Director, CHKS
- Prof Catherine Calderwood – Consultant Obstetrician and Gynaecologist and Professor of Health Futures at the University of Strathclyde
- Victoria Howes – Deputy Director of Strategy, CQC

# Who are CHKS?

CHKS is a leading provider of healthcare intelligence and quality improvement services. Since 1989 we have been providing data analysis services, and accreditation programmes for healthcare organisations in Europe and globally.



**The CHKS Assurance & Accreditation services offers a dual award of CHKS accreditation and ISO certification.** Working with CHKS, healthcare organisations embark on a journey of quality to enhance and improve productivity, performance, patient experience and outcomes.

## **Our purpose and mission**

To create better healthcare outcomes through delivery of intelligent quality improvement services.

Through our framework of standards and guidance we encourage and enable providers of health and care to:

- evolve a culture of continuous quality improvement.
- encourage leadership which empowers and enables staff to deliver excellence.
  - directly involve patients/service users to achieve person-centred care.
- engage and empower staff to promote sustainable employment and staff satisfaction.
- encourage and support innovation using the latest digital and robotic medicine and relevant research.



# CQC: Our purpose and role



- **We're the independent regulator of health and adult social care in England.**
- **Our purpose**
  - We make sure health and adult social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
- **Our role**
  - We register care providers -
  - We monitor, inspect and rate services using five key questions: are they safe, effective, responsive, caring and well led.
  - We take action to protect people who use services.
  - We speak with our independent voice.

**How does it actually feel...**



**How could it work?**



# The future

- We want the same thing – service users and quality improvement first
- Don't focus on the challenges, look for opportunities
- 





Health and Youth Care Inspectorate  
*Ministry of Health, Welfare and Sport*

# Focus on Learning & Improvement capabilities

**Dr. Ellen Joan van Vliet<sup>1</sup> en Aukjen Niewijk<sup>2</sup>**

<sup>1</sup> CEO Qualicor Europe & Perspekt, President-elect ISQua

<sup>2</sup> Inspector Dutch Health & Youth Care Inspectorate

Istanbul, 25<sup>th</sup> September 2024

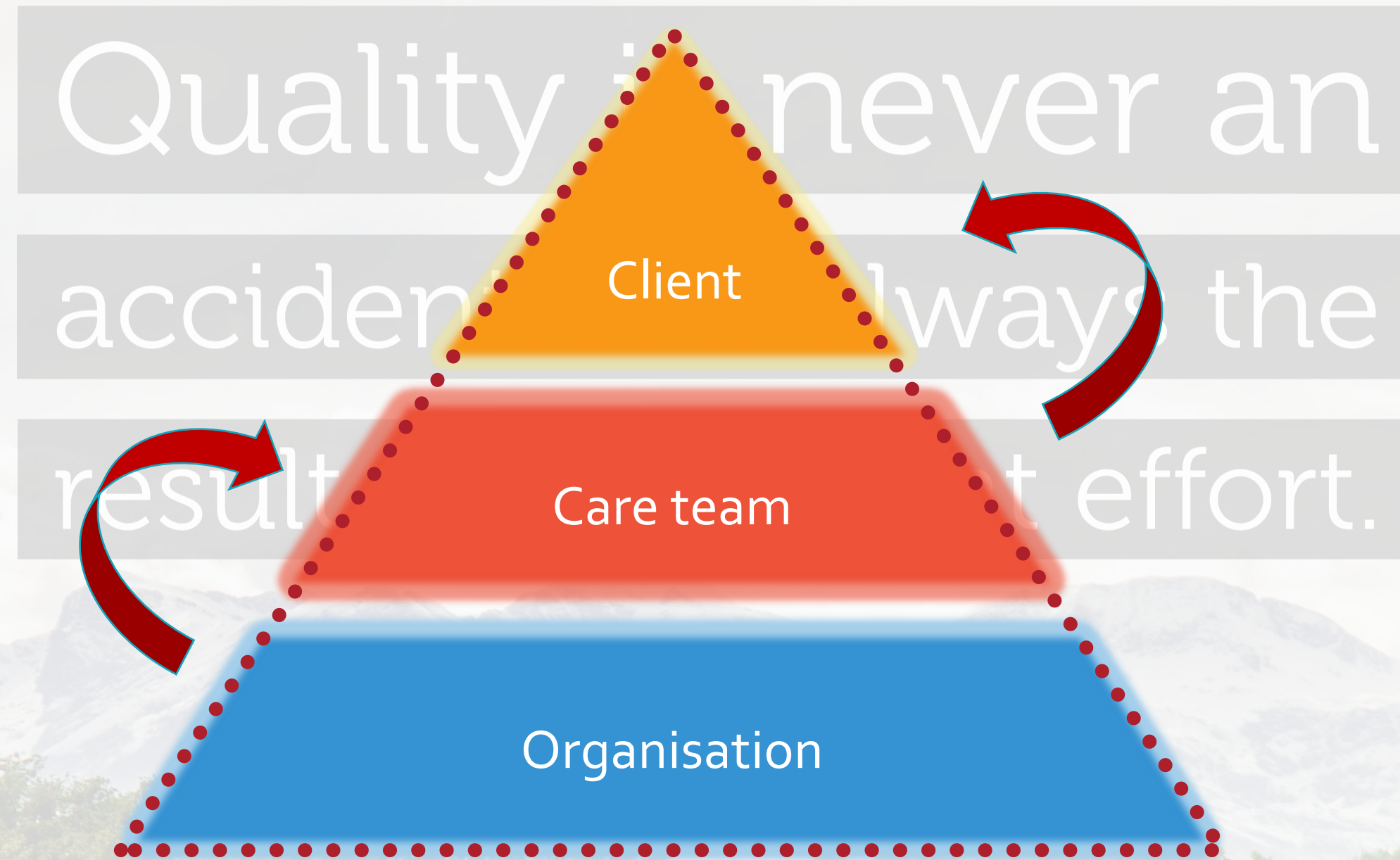


**Accreditation: intrinsic motivation to showing you are ready!**

Quality is never an  
accident. It is always the  
result of intelligent effort.

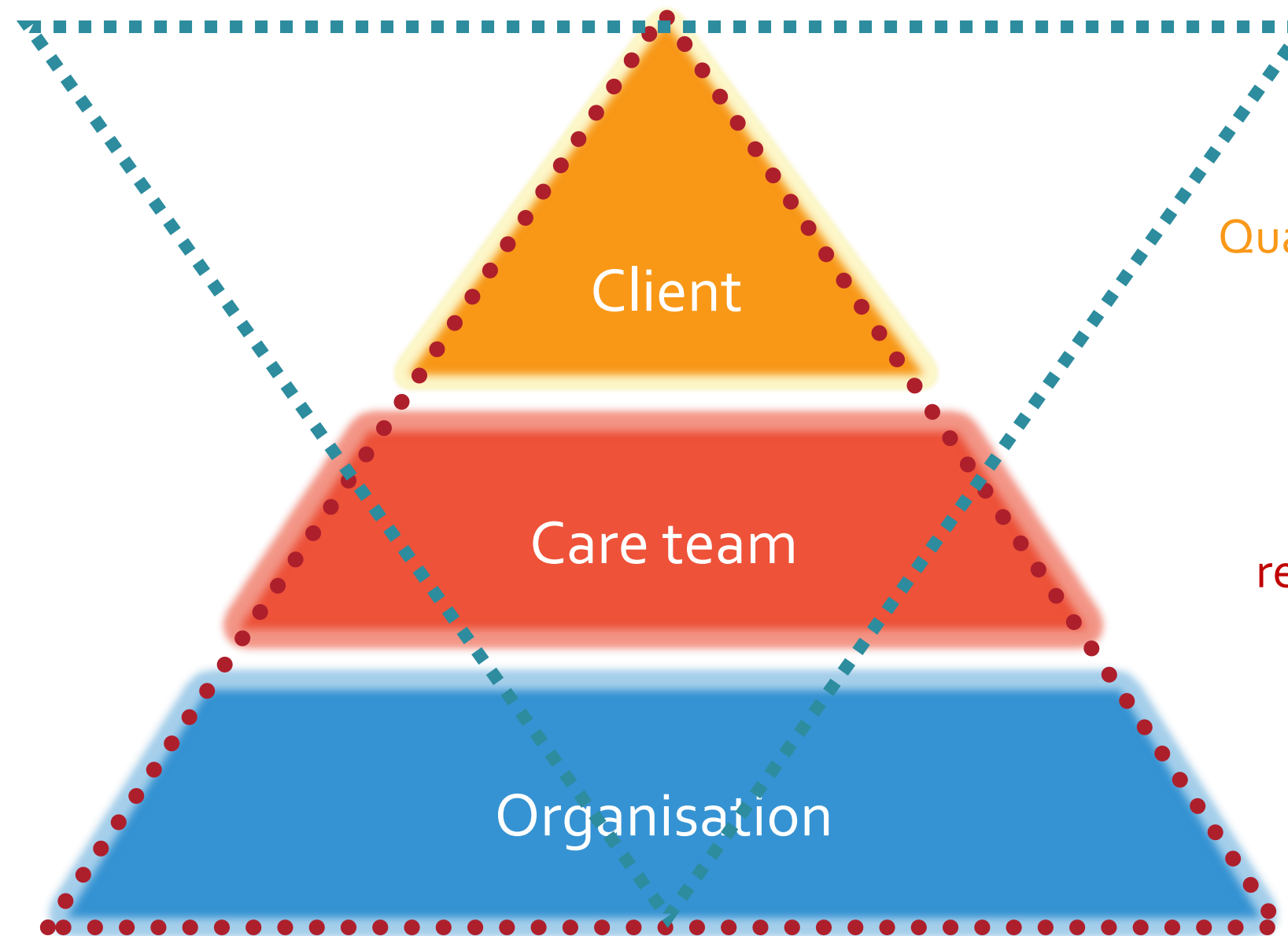
John Ruskin

# Accreditation: supporting people to delivering daily quality



“Everyone in healthcare really has **two jobs** when they come to work every day: **to do their work and to improve it.**”

# Accreditation: from compliance to continuous learning



Client is partner and co-producer  
Quality of life, positive health, personalised care, shared decision making

Multidisciplinary teamworking,  
Engaged, motivated, empowered,  
response-ability, shared learning/values

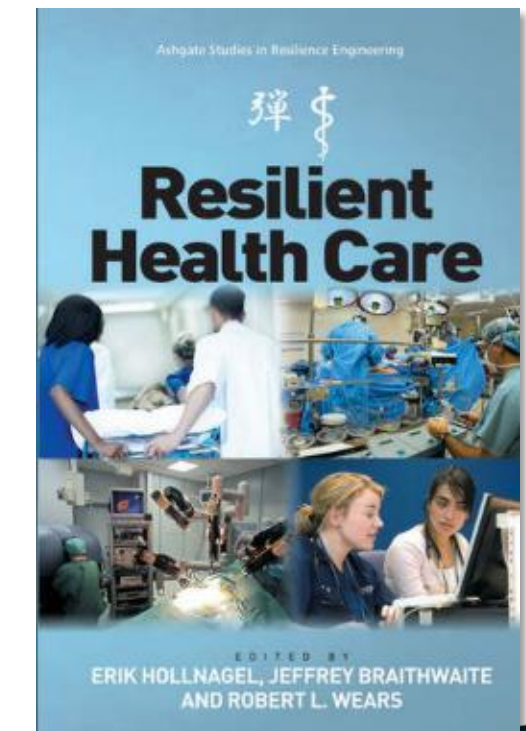
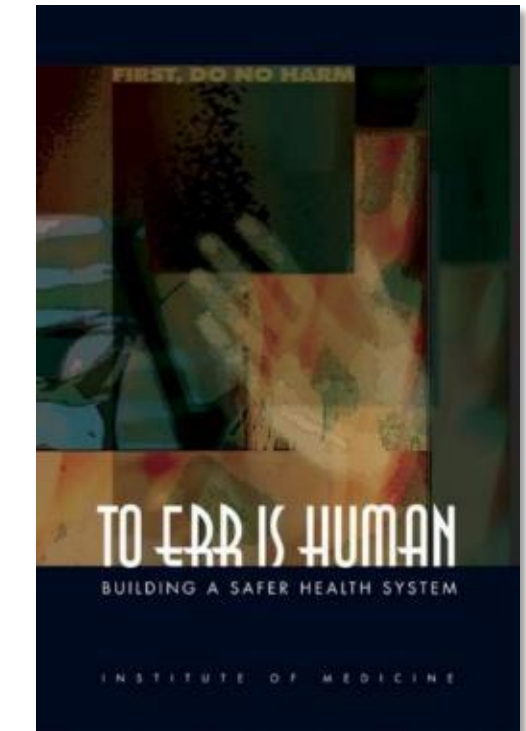
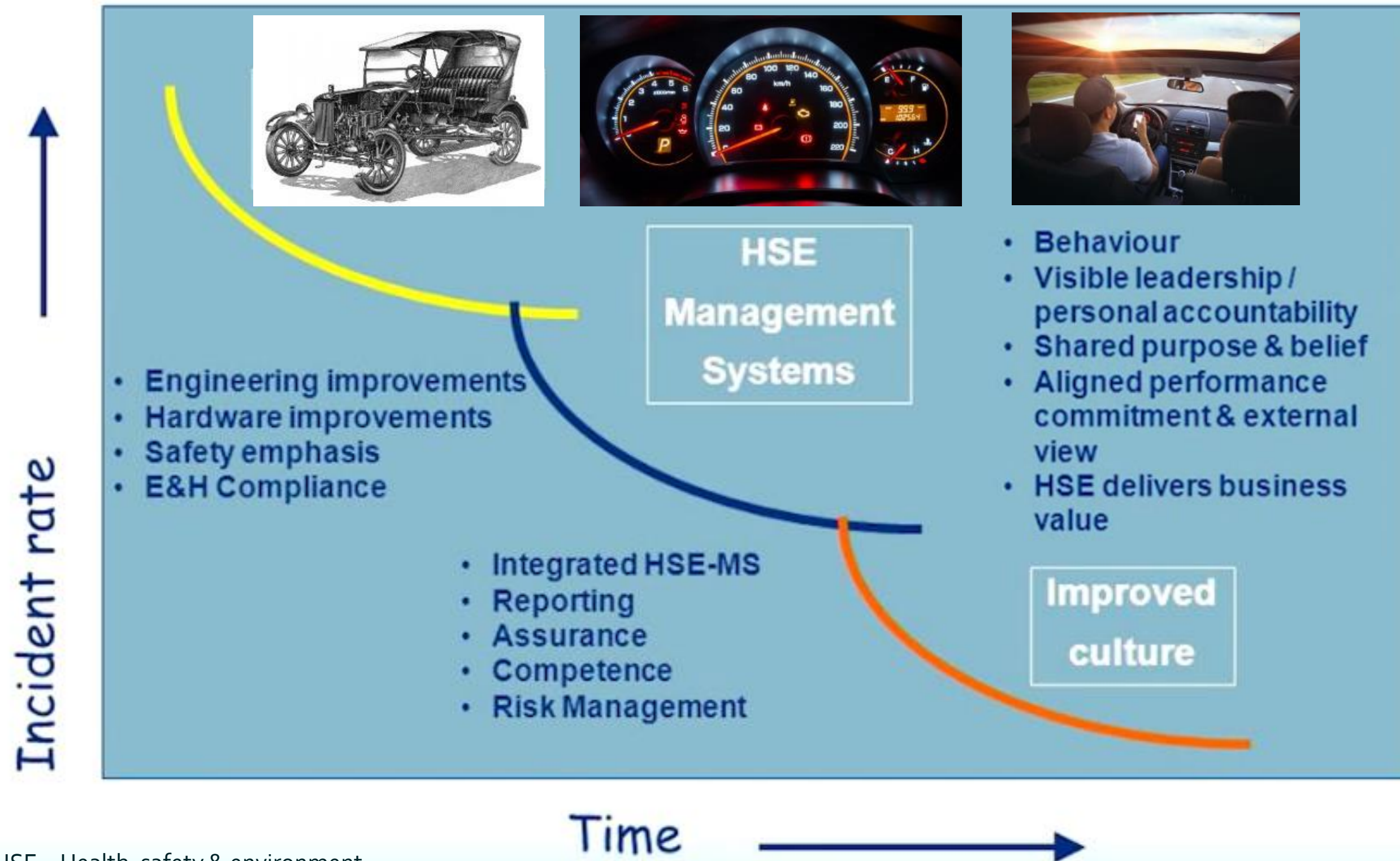
Fundament for safety,  
robust processes,  
basics QMS



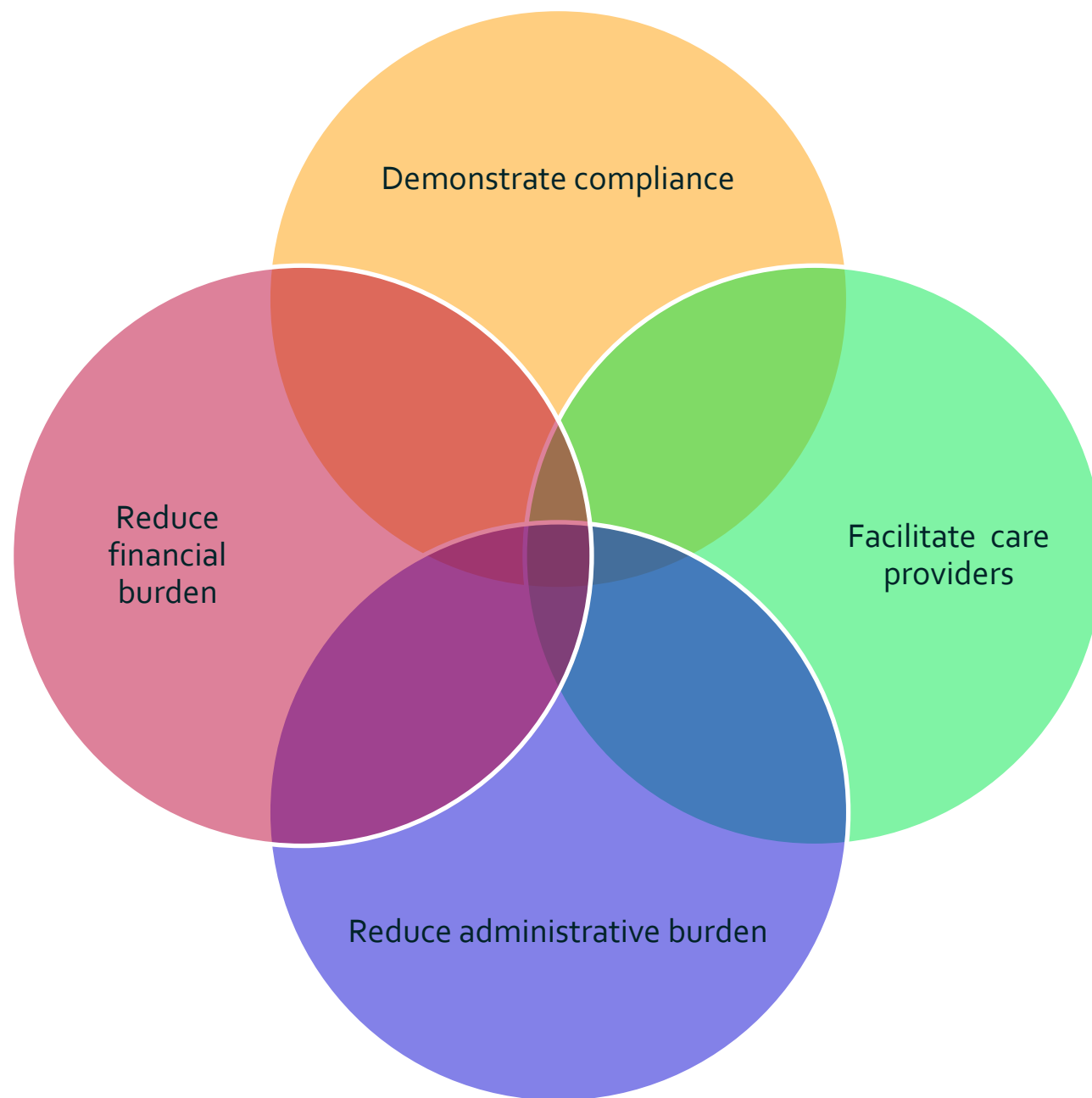


# Accreditation: mirror interaction people - environment

## HSE Performance over time



# Example collaboration Accreditation - Inspection



- **Challenge** → Hospitals operate functioning Information Security Management System.
- **Goal** → Inspection requires: Comply to Dutch ISO27001 standard (NEN7510).
- **Objective** → Qualicor was asked: Integrate ISMS audit in Q&S accreditation program.
  - **Benefit 1:** Couple technical ISMS to daily practice of care providers.
  - **Benefit 2:** Reduced number of separate audit moments.
  - **Challenge:** ISMS not our core business; different audit scheme; NAB vs. ISQua.
- Qualicor trained peer surveyors and piloted ISMS surveys in a pioneer hospital.
- Pioneer hospital and Qualicor (separately) shared with Inspection results + experiences.
- Inspection showed Qualicor how they assessed the compliance, thus how representing the survey results would support this.
- Qualicor checks each half year with the surveyed hospitals and with the Inspection if/how goal and objective are achieved.
- **Secrets:** dare to share, build trust and respect the different roles.





# Dutch Health & Youth Care Inspectorate

## Social care sector

Nursing homes, home care institution, institutions for the disabled, mental healthcare institutions, care for asylum seekers and detainees



## Public health

Local health authorities, prevention, emergency response teams

## Youth care



## Curative care

Hospitals, private clinics, rehabilitation institutions

## Manufacturers, distributors and laboratories

Blood (products) and tissue, medication (as well as research), medical devices and technology



## Primary care providers and independent care professionals

General practitioners, pharmacies, oral and dental care, obstetricians and maternity care



## Why focus on learning & improvement capabilities?

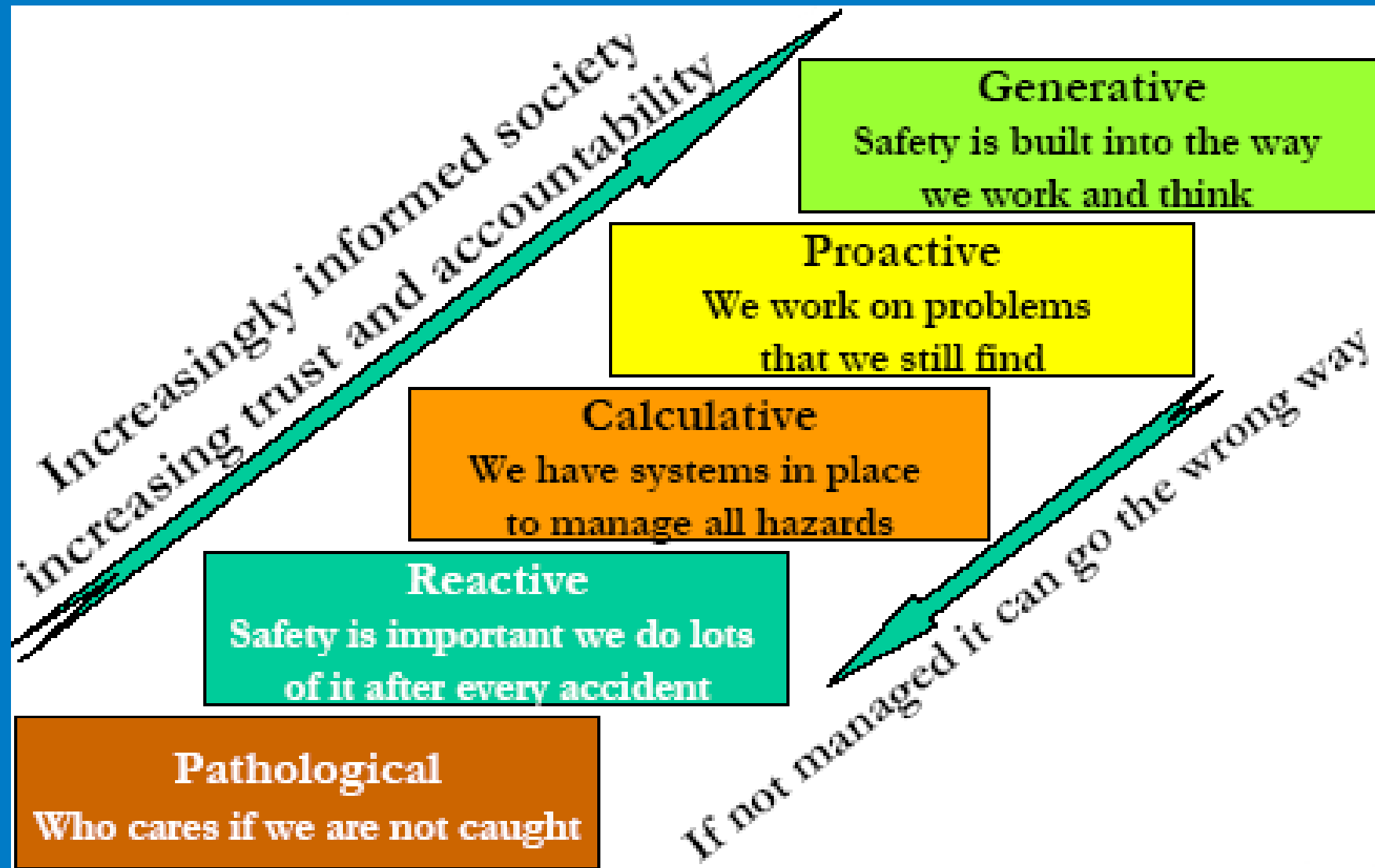
### Because

- Organizations learned inadequately from incidents
- 'Ineffective ritualising' for our approach
- The need for organizations to focus on the future
- Organizations' preference for customized supervision
- More interest in 'learning networks'
- We want to be more effective in our work:

*'Less supervision if possible and more supervision if neccassary'*



# Safety culture

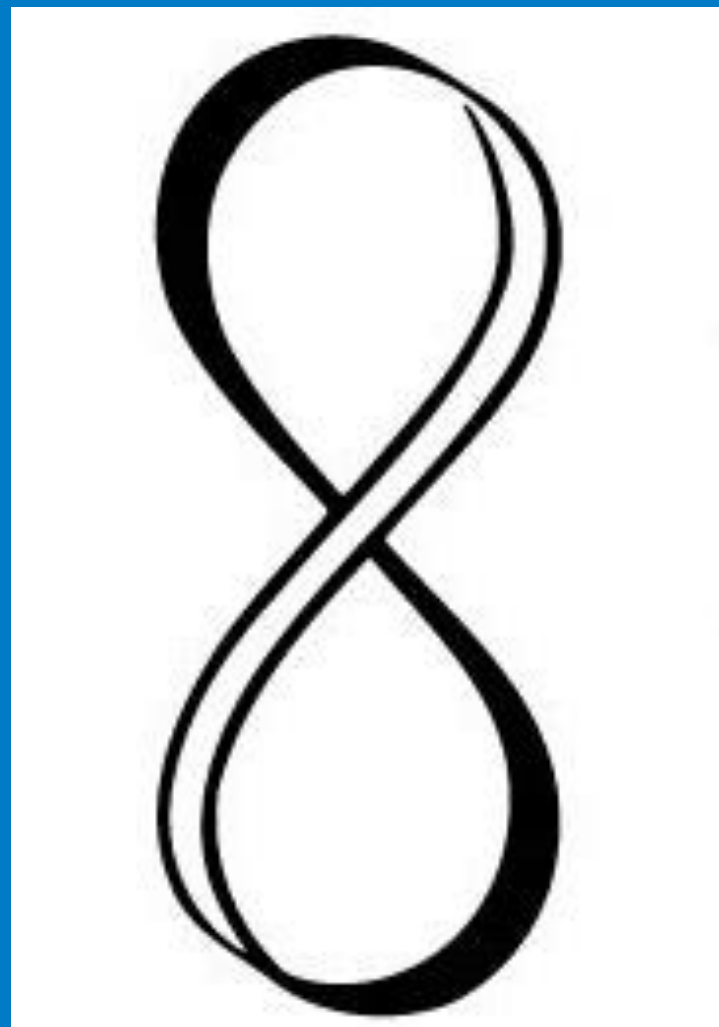


## The approach

- Supervision plan for 11 organizations
- New way of treating incidents reports
- Aggregated analysis
- Check on improvement plans
- Reflection on learning- and improvement capabilities
- Innovations
- Report
- Internal cooperation



**Organizational attributes that contribute to the learning & improvement capabilities of healthcare organizations (Kees de Kok, 2023)**



## Five elements

- Open culture
- Perceived leadership commitment
- Team development
- Initiating & monitoring change
- Strategic client focus



## A good conversation!



*"Non-judgmental discussion fosters better thinking."*

## Effects

- Improved contact
- More knowledge
- More discussion about learning
- More reflection on themes
- Most are happy with change
- Improved internal cooperation
- Youth department gains more knowledge
- No picture of quality health care
- Be modest about influence



## Genie is out of the bottle!



## Future

- Continue and refine current approach
- Involve more leading organizations
- Train inspectors in approach and competences
- Explore how to integrate certification and public inspection!





# Articulation of the certification system and health safety inspections in Hospitals

**Dr Amélie LANSIAUX – Anne CHEVRIER**  
**25<sup>th</sup> of septembre 2024**

# Organizations in charge of health facility inspections

- **Main National Agency of inspection :**

- Retrieval and transplantation – Procreation – Embryology - Human Genetics and Prenatal Diagnosis → **ABM** (Biomedicine Agency)



- Hemovigilance → **ANSM** (National Agency for the Safety of Medicines and Health Products)

- Radiation protection regulations in radiology → **ASN** (Nuclear Safety Authority's)

- Transfusion safety network → **EFS** (French Blood Establishment)



- Fundamental rights in psychiatric units of deprivation of liberty → **CGLPL** (General Controller of Places of Deprivation of Liberty)



- Digital technology in hospitals → **ANS** (Digital Health Agency)



- **Regional agencies → ARS** (Regional Health Agency)



# Regional Health Agencies (ARS) : Missions

**Health Safety** 🌡️ 🔍 : ARS inspect healthcare and medico-social establishments to identify risks linked to care, consumed products (food and healthcare) and living environments (water, air, soil). This includes checks on infectious healthcare waste, the presence of Legionella, asbestos in establishments open to the public, and even noise levels.

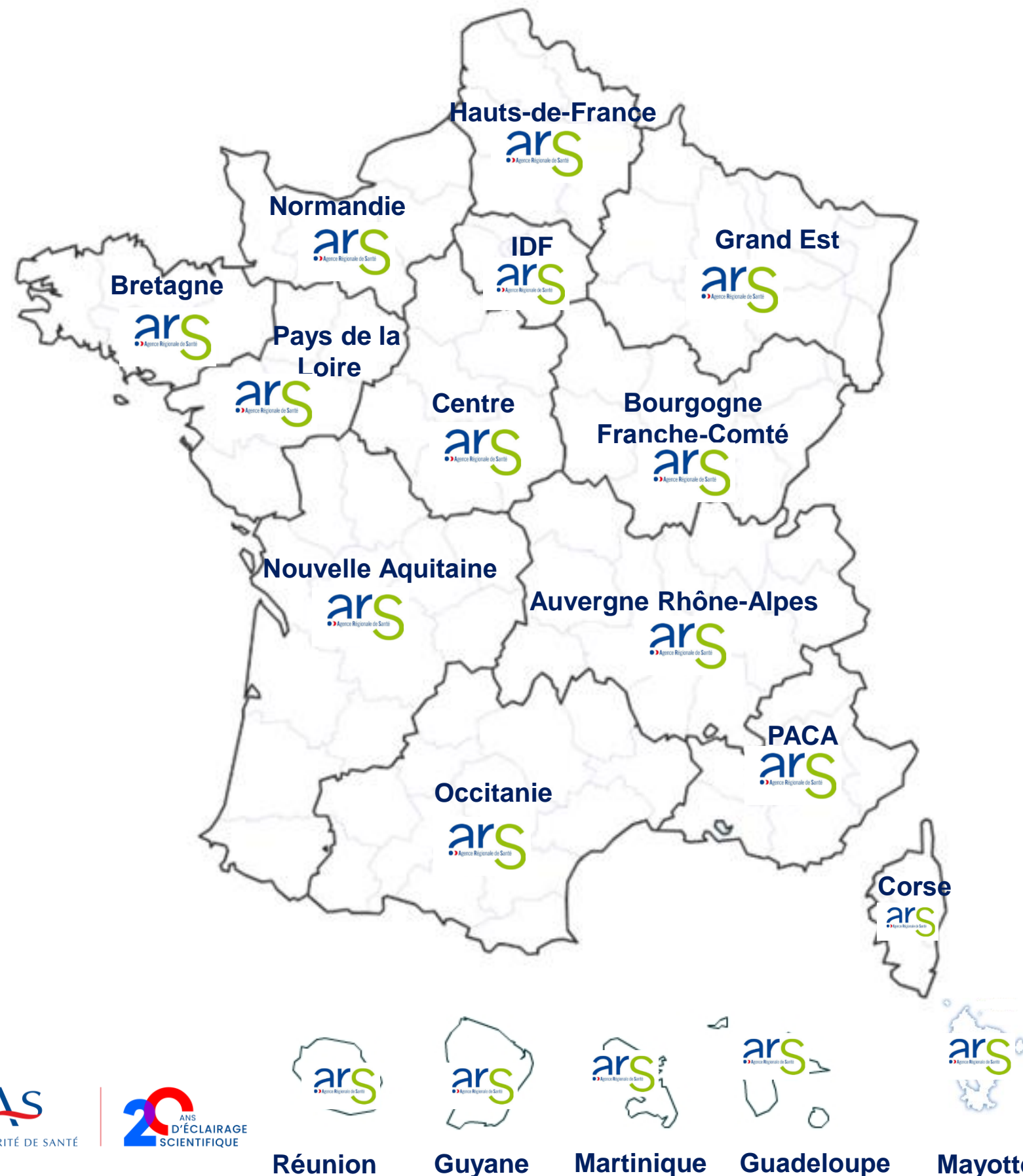
**Establishment operations** 🏥 👩 : The ARS ensures that health and medico-social establishments function properly. This concerns staffing levels, medical permanence, staff qualifications, etc. In hospitals, inspections focus on the installation and operating conditions of care services such as intensive care, maternity, emergency and operating theatres. In medico-social establishments, the aim is to identify and prevent the risk of abuse.

**Medical Acts and Professional Practices** 💉 👨 : In partnership with the National Health Insurance Fund (CNAM) and professional associations, ARS monitors and raises awareness among healthcare professionals. They focus on themes linked to the safety, quality and relevance of care, such as drug prescriptions, medical transport, and compliance with good practice recommendations.

# 18 Regional Health Agencies (ARS)

The ARS are autonomous public establishments under the supervision of the Ministry of Health :

- ✓ Morally and financially autonomous, they are responsible for steering healthcare at regional level.
- ✓ Their mission is to implement national public health policy, taking into account the specific local features of each region. Regional health agencies act as regulators of healthcare provision. Their mission is to organize the regional healthcare system.
- ✓ They coordinate the activities and allocate the operating budgets of hospitals, clinics, care centers and facilities for the elderly, disabled and dependent persons.



# Quality of care certification is...

- One-off and planned assessments
- A lever for mobilizing healthcare professionals and user representatives, to reinforce the quality improvement process in establishments
- The only system in France offering a comprehensive framework for the analysis and external evaluation of the quality of care and treatment.
- A guide to the main determinants of quality, based on recommendations for good practice and tools for developing quality of care.



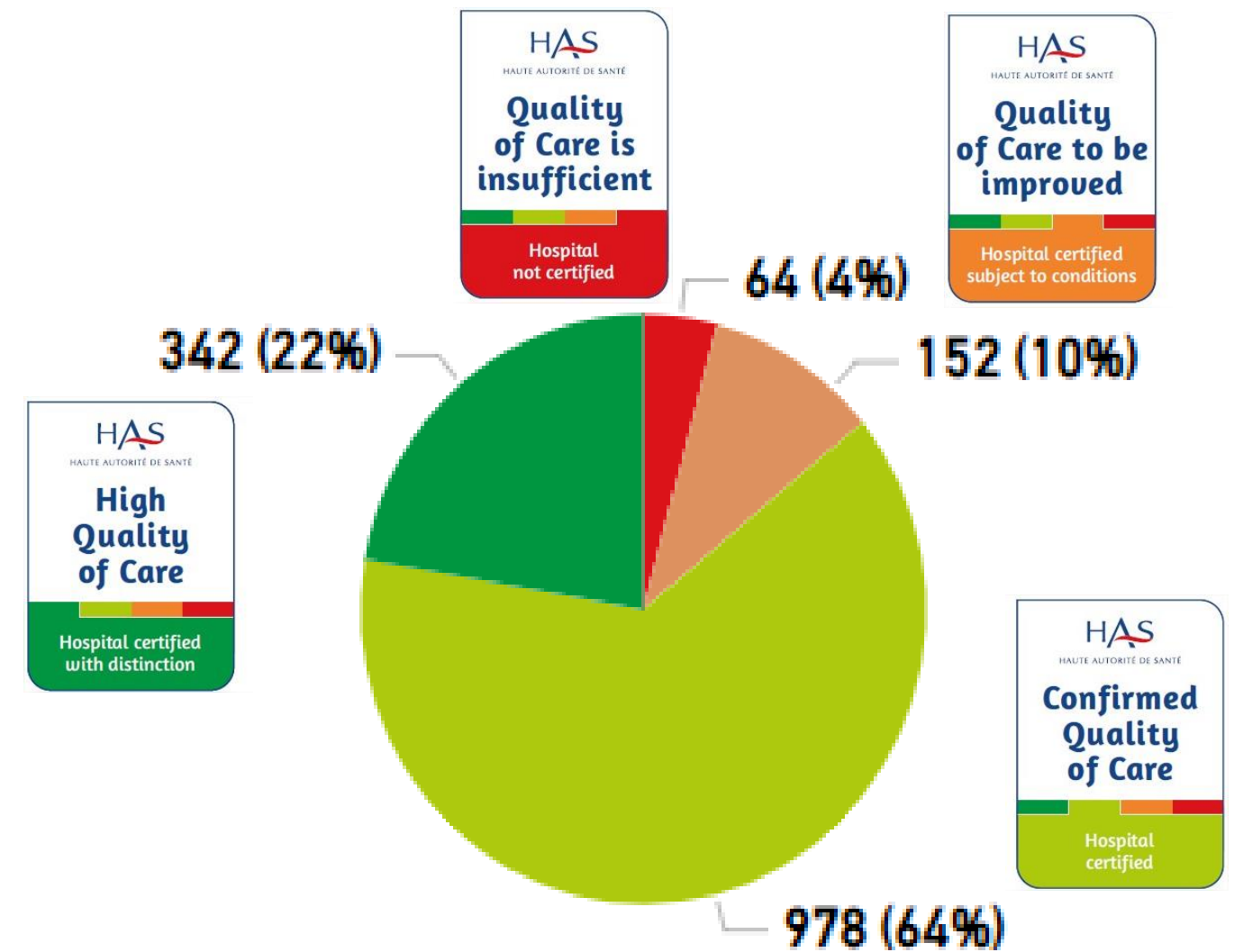
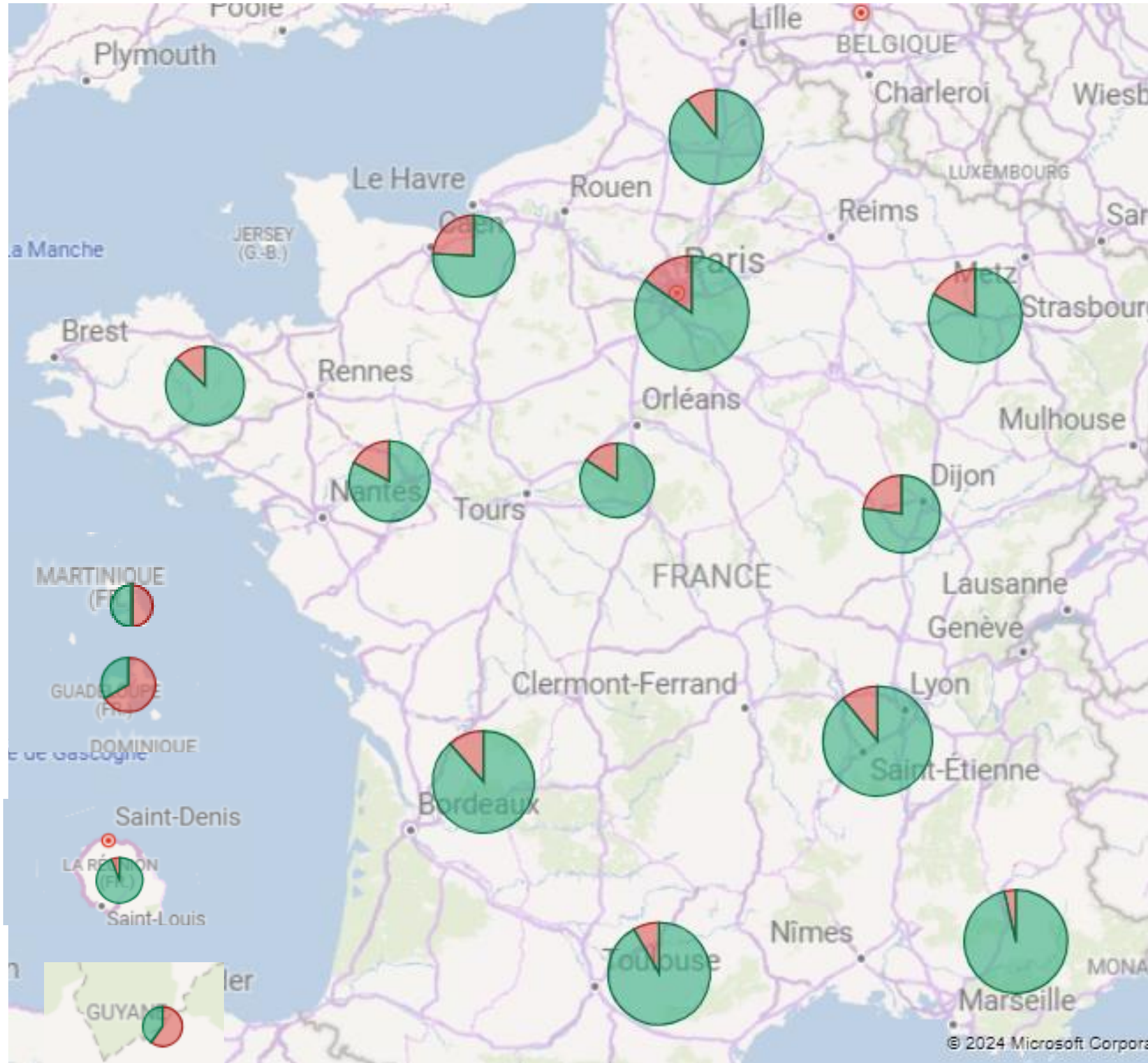
It differs from inspections in that its purpose is not to rank hospitals against each other.

Focused on care, it does not interfere with other regulatory measures applicable to hospitals.

# HAS decisions of certification (august 2024)

**70%** visits carried out  
(1 671 visits / 2 378)

**64%** decisions published (1536)



● 01- Certifié / avec mention  
● 02- Non certifié / Sous conditions

# Coordination between HAS and supervisory Agencies

**HAS is an independent agency which assesses the quality of hospital care and issues a certification report that is published publicly on its website.**

Nevertheless, HAS communicates with the supervisory agencies in order to confirm problems observed by one or other institution.

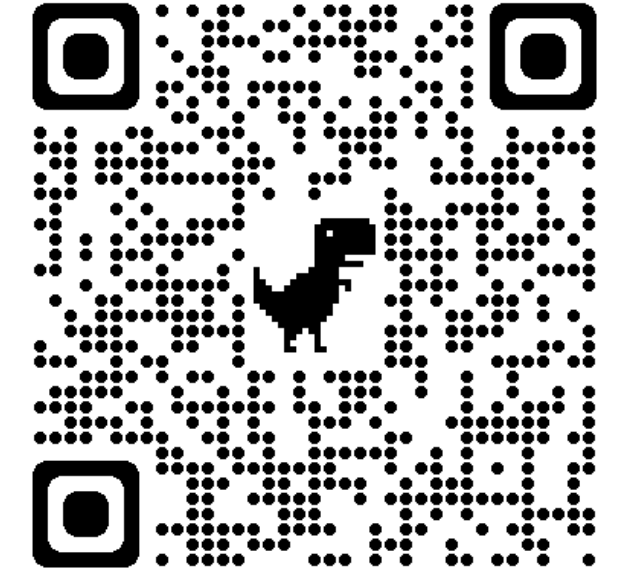
Specifically with the ARS:

In preparation for visits: to prepare certification visits as effectively as possible, the HAS needs information held by the ARS, in its capacity as the establishment's supervisory authority, on its situation : governance - authorizations - inspections - reports of serious undesirable events and complaints - mobilization of support structures.

Post-decision:

- Sending reports
- Regular exchanges for certification reviews
- Quarterly newsletter
- Detailed information on pejorative decisions
- Co-organization of regional meetings to review progress in the certification process

# Merci, Thanks



WEB PAGE  
22/06/2021

The certification of hospitals for quality  
of care

[www.has-sante.fr](http://www.has-sante.fr)





# Accreditation and Inspection /Regulation: two of a kind ?

## Panel Discussion with the audience

moderated by Carsten Engel- Isqua and Jooske Vos -EPSO

### 3 Questions

- a. What are the **options for quality improvement through collaboration** between accreditation and public regulation or inspection based on an awareness of the strengths and weaknesses of the different approaches?
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