The South African Pilot Hospital Accreditation Programme

Part II. The development of standards

The South African Pilot Accreditation Programme for Hospitals was described in Part I.[1] Since the prime objective of quality assurance programmes is to improve the quality of service, objective measures of actual performance are required in respect of hospital standards.[2] Evaluation, like any form of measurement, requires the subject to be observed and then compared with some yardstick. This is difficult when dealing with complex systems, like the system of organisation and management within health services, since the evaluation of system assesses not only the efficiency of the organisation and management, but also the effectiveness of the clinical programme applied within the system.

According to *Chambers' Dictionary*, standards are 'a basis for measurement' and are essential in evaluating health systems. The College of Occupational Therapists defines the term 'standard' as follows: 'A standard is an acceptable or approved example or statement of something against which measurement and/or judgement takes place; level of quality relevant to the activity'. Standards are defined by the World Health Organisation as 'explicit statement of conditions to be fulfilled in qualification of a stated general objective or policy'.[3] Vuori provides more clarity on what is meant by a standard when he states that a standard is 'a criterion that indicates the value of a boundary between acceptable and unacceptable quality'. Several important points emerge. A standard: (*i*) specifies what is important to achieve; (*ii*) specifies levels that have to be achieved; (*iii*) may apply to any activity or feature that is important for quality; (*iv*) may apply to a series of activities or a collection of features that are important for quality.

An important consideration in developing standards is cost. Internationally the aim is to increase the quality of care at little or no extra cost by a review of practice and a change of approach. Shaw summarises the various concepts of standards by describing them as 'Explicit statements defining attainable levels of quality'.[1] This is

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the definition that will be used in the development of standards for the South African Hospital Accreditation Programme.

The purpose of standards in health services varies according to the viewpoint of the potential users. Clinicians seek standards to assist them in achieving acceptable scientific and technical quality in the care of individual patients. Managers would like to develop standards to assist them with regulation, control and accountability. Health care planners, because of their concern with policy development, need standards for making decisions on the efficiency and adequacy of the overall health system.

The reasons why standards are formulated in health services have been summarised by Vuori as motivated by ethics, safety and economy.

Clinical professions set and maintain standards on behalf of the consumers of services since the latter do not themselves have the technical expertise to do so. Professional ethical concern has led to prescriptive standards, e.g. in medical postgraduate training, but there are few standards of subsequent professional practice or, more generally, of the adequacy of the health care system. Some individuals in the clinical professions believe that prescriptive standards for professional practice could interfere with clinical independence. Process standards are likely to take the form of clinical guidelines and allow unfettered professional judgement.

Standards visibly directed at the safety of patients and staff are readily comprehended and accepted. The result of failure to define or readily apply such standards may be unnecessary loss of life. Safety standards have become an accepted tradition and statutory mechanisms for their reinforcement have been developed. Such regulations include those relative to building standards, fire safety, and protection from ionising radiation and dangerous pathogens.

In recent years costly technology has become commonplace and the potential for health spending infinite. As a result, governments, planners and paying agencies have sought to regulate resources entering the system. This has led professional bodies to develop their own standards of provision. To assist the South African Accreditation Programme to provide continuing quality improvement[3] the standards need to be: (*i*) *measurable* and written in terms of tangible elements, i.e. compliance with them must be observable and measurable so the consistency may be maintained; (*ii*) *relevant* to a valid overall goal, e.g. adherence to standards should increase the likelihood of a good outcome, i.e. compliance with standards needs to confer a degree of predictability in relation to the outcome; (*vii*) *adaptable*, i.e. constructed so as to be applicable to a variety of circumstances, locations and times — they should not stifle clinical innovation and perpetuate mediocrity; (*iv*) *achievable*, i.e. they need to be seen as reasonable if compliance is to be achieved.

In order to achieve a comprehensive evaluation of the organisational structure of the hospital being evaluated in the pilot programme[3] standards need to be developed in respect of the following areas:

1. *Management and support services:* hospital management, catering service, hotel service, infection control, health and safety, library service, clinical records.

2. *Professional management:* medical, nursing, professions allied to medicine.

3. *Departmental management:* inpatient service, accident and emergency service, acute day care service, laboratory service, operating theatre service, outpatient service, pharmaceutical service, radiology service, special care service.

Various standards from different countries in each of these areas will be reviewed and those considered applicable to the South African situation will be noted. In addition matters of concern with regard to quality, efficiency or merely gross variation compared with 'common' practice elsewhere will also be recorded.

As a first step, a normative approach will be followed. In other words, local opinion will be distilled together with expert literature and relevant legislation (such as Regulation R158 of the Health Act) to determine what 'ought' to be common practice. This means that the initial draft standards will be based on 'sources that legitimately set the standard of knowledge and practice', such as recommendations by experts, either directly, or via authoritative publications or through working parties, incorporating members of professional associations, associations representing hospital groups and departments of health. Working parties will be established to develop standards in areas such as 'nursing', 'general management', 'anaesthetics' and 'clinical management'. It is estimated that this phase will take approximately 6 months.

The second phase will be carried out in pilot hospitals. This will entail the determination of empirical standards by which local practice will be assessed. During this phase standards which are currently in use will be assessed by comparison with standards for several similar activities and comparison of their distribution in an attempt to determine the most commonly used standard in practice.

The third phase, which will also be carried out in the pilot hospitals, will be the comparison of local practice with expectations of what ought to happen. The differences between the observed and expected will be reconciled. Where there is a great difference, compromise will be sought to reduce unrealistic expectations or to improve common practice. The resultant expectations will provide guidelines for future standards.

The fourth phase will test the guidelines by canvassing opinions and practice more widely locally, nationally and internationally. Formal mechanisms will be used, e.g. professional and representative bodies. The standards will be incorporated in handbooks and policy manuals.

It is expected that this cycle may take several months. Much of this time will be spent in demonstrating and mentally bridging the gap between what people expect and what actually happens — this negotiation between empirical and normative views is essential if standards are to be realistic and achievable.

The standards will be reviewed regularly and adapted by the working parties according to developments and needs of the health sector. Hospitals will also be in a position to use them as self-assessment instruments to establish how their services compare with the standards developed and accepted by their controlling bodies and professional associations. However, the initial test of quality of service provision for hospitals will be the external hospital accreditation programme during which their peers will review the degree to which they meet the South African Hospital Accreditation Programme's standards.

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3. Hogarth J. *Glossary of Health Care Terminology.* Copenhagen: World Health Organisation.