



SanaCERT Suisse

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The understanding of quality management by SanaCERT Suisse

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Abstract

SanaCERT Suisse, a Non-Profit Foundation accredited by the Swiss authorities, has extensive experience in accrediting management systems of hospitals and long-term care facilities according to patient-centered quality standards. The accreditation focuses on the cycle of continuous quality improvement and the evaluation is carried out by peers, acting as an interprofessional audit-team. SanaCERT Suisse also assists other bodies in the healthcare sector to apply this method for accreditation in different specialties.

Three main factors promote sustainability of the accreditation SanaCERT Suisse. Collaboration in interprofessional and interdisciplinary core groups enhance shared value among professionals. The quality standards form a dynamic system that is revised regularly. The method helps commitment towards quality development, being flexible to meet the needs of the institution.

Institutions accredited by SanaCERT Suisse appreciate the following key factors of the method. The standards are close to core business and readily applicable. There is a wide range of standards and a free choice of approach for implementation. The majority of the standards require cross-departmental and interprofessional collaboration which has a positive impact on treatment safety and promotes networking in the institution. Evaluation is carried out by peers in a mutual appreciative manner.

A drawback of the method SanaCERT Suisse is the lack of any benchmark across institutions. The financial challenge is perceived in a good balance between expenditure and benefits of the quality accreditation process.

For the development of quality and safety the authors recommend to ask for evidence on continuous improvements of processes and structure but to allow a choice of method.

SanaCERT Suisse is a Non-Profit Foundation for accreditation of quality management and improvements in health care accrediting management systems of hospitals and long-term care facilities according to standards in order to improve basic health care services across Switzerland. Since 2006 SanaCERT Suisse has been accredited by the Swiss authorities for accreditation of management systems based on ISO/IEC 17021-1.

The SanaCERT Suisse Foundation was founded in 2001 by experts in this field and Swiss healthcare institutions. At that time, the Swiss Association for Quality in Health Care (VQG) was dissolved and transferred to the SanaCERT Suisse Foundation. The VQG, founded in 1994, can be described as the real pioneer in the Swiss healthcare system, initiating early quality development in hospitals based on continuous improvement of patient-centred care. Inspired by the system of the Joint Commission on Accreditation of Healthcare Organizations⁵ the founders were guided by the principle that quality development should be based on accreditation with quality standards and an interprofessional peer review method. In 2013 the initial model was adapted to enable accreditation first of long-term care facilities and then of institutions with vertical or horizontal integrated health care service. The website of SanaCERT Suisse provides an overview of accredited institutions.

SanaCERT Suisse has acquired a considerable expertise in developing standards for structural, process and outcome quality. Currently there are 25 quality standards for acute somatic and 16 for long-term care⁶. The standards serve the institutions as guidelines for their process modelling, especially with new issues. The patient-oriented and practical approach in the standards facilitates the understanding by the professionals and helps create a common language. A periodic revision of the standards as well as the development of new standards guarantees to keep up with overall changes in health care.

Institutions that aim for accreditation have to adhere to some mandatory standards and choose a given number of quality standards out of the available standards. All quality standards have been developed by experts based on scientific evidence and in interdisciplinary and interprofessional exchange. The standards focus on the quality (structure, process and outcome) of interprofessional and interdisciplinary care addressing all health care workers in an institution with a particular focus on patient centred care. Audits include an evaluation of accomplished Plan-Do-Check-Act cycles of every standard.

SanaCERT Suisse pioneered a systematically applied peer review method with interprofessional teams for auditing. Consequently, the evaluation is carried out exclusively by peers. For auditing hospitals each audit-team consists of a leading auditor, a health care manager, a physician and a nurse in a leading position. The leading auditor is a qualified auditor with a health professional background. His function is to ensure the adherence with the norms of ISO 17021-1. For long-term care facilities the audit-team is constituted by a leading auditor, a nursing home manager and a nursing manager or clinical nurse specialist. Once a year SanaCERT Suisse offers training courses for all peers.

In accordance with the philosophy of continuous quality improvement and of shared acceptance and esteem, SanaCERT Suisse systematically asks accredited institutions to evaluate the audit-process and audit team. This has enabled SanaCERT Suisse to continuously develop the process of auditing.

⁵ www.jointcommission.org

⁶ The current set of standards, along with the criteria of evaluation are available on www.sanacert.ch

Conformity with standards is examined every three years by on site audits. During these audits two main elements are assessed and rated: compliance with the standard elements and application of the Plan-Do-Check-Act cycle as well as the degree of institution wide implementation and adherence to the standards. Audits include evaluation of documents, interviews with collaborators and a site visit. In the case of nonconformity, the audit team defines conditions or recommendations that need to be appropriately addressed within a given period to maintain the accreditation.

SanaCERT Suisse also attributes a great importance to quality management improvement. During the audits a conscious discussion is sought on quality development strategies focusing on further standard implementation but also on a larger vision of quality improvement.

Between accreditation audits, sustainability of adherence to quality standards is confirmed based on yearly self-reports and visits on site by a leading auditor. During on-site visits, the leading auditor assesses whether the requirements from the previous accreditations have been satisfied and whether the institution is involved in the further work and development of its quality management. This enables a constant evaluation and support towards quality improvement.

The foundation also acts as an independent audit body for quality management on behalf of professional's associations and the authority in the healthcare sector⁷. SanaCERT Suisse assists its partners by developing and operationalizing discipline-specific quality indicators, training peers as auditors, and conducting audits in accordance with the ISO Norm 17021-1. Thus, the auditing of the following labels or confirmation of quality assurance and improvements is modelled according to the core elements of SanaCERT Suisse method: Q-Label for breast care centres, Label for Baby friendly hospitals, accreditation for stroke centres and units, confirmation of adherence to cantonal quality requirements in Aargau, Accreditation of Curaviva Zurich, Label of swiss cancer network and q-label for palliative care. The method seems particularly popular with professional associations because of their own professional criteria being applied as standards and reviewed by their own experts.

What is known about the sustainability of the SanaCERT Suisse method?

Currently 20 institutions are accredited, with some of them over a period of 16 years. 3 new institutions are in the accreditation process.

In our experience the accreditation SanaCERT Suisse shows three main assets.

- Accredited hospitals and long-term care facilities form interprofessional and interdisciplinary core groups to implement the standards. Moreover, they provide initial training for all newcomers as well as continuous training on quality standards for all staff. Both aspects enhance the development of shared values among the professionals and the embedding of the standards into daily work. Besides feedback on further potentials regular audits serve as acknowledgement of good performance and as such maintain motivation to engage into quality improvement processes.

⁷ The Swiss Cancer Foundation, UNICEF Switzerland, the Swiss Federation of Clinical Neuro-Societies, the authorities of Canton Aargau, Curaviva Canton Zurich, the Association of Swiss Hospitals H+, the Swiss Medical Association FMH, the Swiss Society of Medical Oncology SGMO

- The existing quality standard sets have undergone numerous evaluations and revisions proving the dynamics of the system. The accredited institutions are actively involved in standard adaptation and creation to ensure their feasibility. Since the same standards are applied in different institutions and are peer reviewed, we observe an increasing exchange of good practice models among institutions.
- During audits we observe a high level of motivation and commitment towards quality development among collaborators. Our method is based on an active involvement of collaborators and flexible in the priorities the individual institution needs to define, both elements might facilitate the motivation. Many institutions replace standards after two periods of accreditations, i.e. six years in order to focus on new, emerging topics. Furthermore, the quality management based on the Plan-Do-Check-Act Cycle allows the institutions to detect any deterioration of quality performance in a replaced standard in time and to respond appropriately at early stages of deterioration.

SanaCERT Suisse also conducted a survey in 2017 among accredited institutions that allowed identifying the following success factors: practical relevance of the standards, focus on clinical issues, peer review method, interprofessional and interdisciplinary approach. These factors will be discussed in greater detail below.

Which key factors characterize the SanaCERT Suisse method?

One main feature lies in the fact that the quality standards are close to the core business of medicine and care. The standards are developed and reviewed by experts who are familiar with the subject; experts who are able to identify the keys to high quality treatment and patient care. The standard "Pain Management", to name one example, requires guidelines, proof of regular training of staff and evaluation of treatment. The standards' language and the quality criteria can be easily understood by physicians and nurses. In a survey with health care professionals, the standards were described as readily applicable in every day work (2017).

The institutions themselves define the action they undertake to meet the requirements of the standards. This is another outstanding feature. The standards do not prescribe the contents of guidelines, the structure of training or the process of the evaluation of quality measures. Each accredited institution is free to choose its own preferred approaches or can even adapt proven practices from other institutions. This makes the standards suitable for a wide range of institutions, varying in size and the care provided.

Most standards require cross-departmental and interprofessional collaboration. In the 2018 version, this applies to 22 out of 25 quality standards for acute care and to all 16 standards for long-term care. A good example for this requirement is again the quality standard "Pain Management". Historically in-house hospital guidelines have often been defined at the level of clinics or departments. Consequently, pain management might differ between the surgical and the medical department of the same hospital. The anaesthetist specialized in pain management, working in both departments, must then be familiar with different guidelines. The SanaCERT Suisse standard calls on the health professionals of all departments of a hospital to agree on one guideline for pain management, which enhances the safety of the treatment.

The accreditation process of SanaCERT Suisse encourages interprofessional and interdisciplinary teamwork, strengthening the horizontal network of an institution. The audit

team itself, consisting of peers from different fields like hospital management, medicine and nursing, conveys a strong signal that the goals of quality management can only be achieved through close interprofessional and interdisciplinary collaboration

The variety of standards enables an institution to set different priorities in quality improvement over time. SanaCERT Suisse demands for the accreditation of the quality management of a hospital the review of a set of eight standards, including the mandatory basic standard "Quality Management". This leaves the hospital to choose seven standards according to its own preferences. For nursing care facilities seven standards are required with the following three mandatory ones addressing the topics: "Quality Management", "Rights of the Residents" and "Nursing and Care". This freedom of choice of standards is highly appreciated by the accredited institutions. It enables the institutions to choose the standards where quality improvement is most wanted and to set the pace for the choice of new standards according to the resources available. Experience has shown that the institutions apply the lessons learnt from the audited standards to good measures in other areas as well.

Another key feature lies in the way of working that values mutual esteem between the institution and the reviewers. This attitude leads to mutual trust and allows an open discussion of problems, of future quality improvements, and the best possible use of resources. The above mentioned 2017 survey showed a high appreciation for such contributions by the reviewers and was regarded as a significant added value to the accreditation process. Mutual respect allows peers to draw attention to issues that the institution is not fully aware of. Care is taken to ensure that the accrediting body does not suggest any solutions, but only refers to the problems.

What are the barriers and challenges encountered?

An accreditation of SanaCERT Suisse requires the commitment of the management of various departments, which for some institutions presents a high barrier. On the other hand, although SanaCERT Suisse demands key figures as part of the Plan-Do-Check-Act cycle the system doesn't allow a benchmark across institutions. Hospitals, in particular, are increasingly under pressure to compete with other institutions and to provide comparative figures with the focus having shifted towards statistical analysis of outcome measures in recent years.

Quality management requires resources to maintain a system allowing quality assurance and improvement. Decreasing resources in quality management might not result in an immediate reduction of care quality but have serious consequences on the long term. Over the last years financial cuts in the Swiss health care system forced institutions to reconsider their allocation of resources. Some experts argue that quality management can be time-consuming and thus reduce time that health care providers could spend in direct patient care. Furthermore, evidence of a functioning quality management system is still not rewarded and varies widely between cantons. Nevertheless, recently we observe the development of quality labels leading to financial recognition or mandate for services. However, these labels or accreditations cover exclusively a particular area of specialisation or address a particular aspect of care. Hospitals tend to prefer these isolated solutions to an overall quality management system, even more under economic pressure. In the era of increasing economic health care crises, one major challenge lies in the maintenance of a good balance between expenditure and benefits of the quality accreditation process.

These issues have to be addressed within a policy framework that aims to optimise the quality of care in the Swiss health care system. In particular, incentives for quality management should be reconsidered with a perspective on the whole health care system.

Testimonial of an accredited institution

Joachim Koppenberg⁸

Since 1996, our hospital has pursued its quality management with the help of the peer review method and was audited for the first time in 1998 by VQG, the preceding organization of SanaCERT Suisse. Since 2001 our institution has been regularly and consistently audited and successfully (re-)accredited several times by the subsequent SanaCERT Suisse foundation. Under the umbrella of the Health Centre "Unterengadin", since 2007 the following institutions have been working closely together within the framework of integrated regional health care in the spirit of "everything from a single source": a public hospital, accident and emergency services, home care service, an advice centre for nursing and care, a rehabilitation clinic, a nursing home, three residential care groups and a wellness bath. The Health Centre "Unterengadin" operates a joint quality management system and was accredited as the first health care network in Switzerland in 2014, following a successful re-accreditation in 2018.

The reasons for committing to the peer review method in general and for collaborating with the SanaCERT Suisse Foundation in particular for almost 20 years in the field of quality assurance are manifold.

The principle of peer review is ideal for organisations with a high degree of expertise and diversity with usually no trivial and straightforward solutions. Hence, we appreciate the conversation from expert to expert for the real understanding of the sections to be audited, leading to a much higher acceptance for the audit among our experts than verification by non-specialists, a circumstance that is especially in medicine of great importance.

In medicine, still tending to be dominated by hierarchies, it is seldom only a question of the right profession, but also of the auditor's position (chief or leading physician, nursing service manager or nursing expert and CEO or hospital director). Both aspects play a vital role to overcome the first important barrier of professional competence for an open, appreciative and ultimately target-oriented expert discussion at eye level among colleagues. While this procedure has often been perceived as too "soft" and facts and figures were preferred, in the German-speaking countries peer review as a dynamic procedure has fortunately experienced a renaissance in the health care system in recent years.

Furthermore, the quality standards by SanaCERT Suisse are based on the clinically relevant core processes of care and require to demonstrate consistently improving steps in the Plan-Do-Check-Act cycle with verifiable key figures. Many patient's path-oriented standards imply cross-departmental solutions within an institution and in some cases even cross-company solutions.

⁸ Chairman of the Board of Management of the Health Centre "Unterengadin" and Chief Physician for Anaesthesiology, Pain Therapy and Rescue Medicine, Ospidal Scuol; peer for SanaCERT Suisse since 2005.

Those solutions are developed in standard groups, which are preferably being composed inter-disciplinary and interprofessional, a fact which represents another major advantage. The collaborators concerned up front are directly involved in the process of development and implementation. During the most active periods, in addition to professional quality managers up to one third of all health professionals have been directly involved in quality assurance in our institution. This, in turn, leads to a high level of acceptance of the method and an understanding of quality assurance and thus to smooth integration in working life.

Thanks to our close collaboration with SanaCERT Suisse, our institution has been able to develop our quality of care noticeably and measurably over the past two decades. It can be stated that quality management has become an integral part of our organizational DNA thanks to SanaCERT Suisse. But SanaCERT Suisse has also continued to evolve over the years, by regularly developing new standards and updating existing with our contribution as an accredited institution. This allows us to incorporate the practical point of view into the standards. And as already mentioned, SanaCERT Suisse proved to be open for providing a solution for accrediting our whole network. SanaCERT Suisse is thus demonstrating impressively that it is flexible, needs oriented, not only having the right feeling for the needs of the complex and changing health care market, but actively meets these needs.

As I have the privilege of acting as peer for SanaCERT Suisse, auditing other health care facilities, I see even underlying effects. I am always fascinated and deeply impressed to see how other institutions solve similar problems in their own special manner. The consistent implementation of the peer review idea allows to unfold its full impact: While we receive valuable suggestions and hints for improvement by esteemed colleagues at the audits, I can also regularly share my professional competence and experience during my visits with peers - and learn from the best. This kind of 2nd order learning results in another Plan-Do-Check-Act cycle that might not be explicitly recognised at a first glance.

Recommendations for the development of Quality and Safety in Swiss Healthcare

Based on our experience we suggest four main aspects to be considered for the development of quality and safety in swiss healthcare.

- Process modelling and optimized structures are important promoters for a continuous quality improvement. Therefore, health care facilities should be encouraged to provide evidence for the continuous development of the corresponding processes and structures in addition to measuring quality indicators.
- Health care facilities vary considerably in size, mandate for services, cantonal demands and other conditions. Hence there also is a difference in the appropriate method for quality improvement. It is therefore important, that the authorities define a range of suitable options on different accreditation or certification methods the health care facilities can choose from.
- Health care facilities providing evidence of a functioning quality management should get some kind of reward or recognition. To avoid misallocation of resources, e.g. by favouring island solutions, an overall quality management system covering all essential areas, focusing on patient-centred care and asking for cross-departmental and interprofessional collaboration should be preferred.

- On a national level the selection and method of collecting the quality indicators should be harmonised and coordinated with international guidelines. This makes a meaningful comparison (benchmark) possible and shows where quality improvement would have the greatest impact in the health care system.