



ACCREDITATION OF HOSPITALS FOR THE QUALITY OF CARE IN FRANCE

Anne CHEVRIER

Head of department, Accreditation of
hospital for the quality of care



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Accreditation system overview

French National Authority for Health Missions



Evaluating
Health products,
medicinal procedure and
technologies to inform
reimbursement and
pricing decisions



Recommending
best practices
recommendations and
producing health guidelines



Mesuring and improving
quality care and patient
safety in health care facilities
and in social care services
and facilities



Developing quality in the health, social and medico-social fields

Accreditation : Background

Conduct an independent assessment of care quality and safety in healthcare organisations

- Mission entrusted to HAS (the French National Authority of Health) by law since **1996**
- **All French hospitals, both public and private (n=2428)**
- **Every 4 years** by surveyors, who are professionals practising in the healthcare hospital, HAS-mandated professionals (peers)
- **Public disclosure of results** : HAS website - QualiScope
- **Accreditation of HAS accreditation for the quality of care by ISQua EEA in 2021**

ISQua



- ISQua is a member-based, not-for-profit community and organisation dedicated to promoting quality improvement in health care
- Over 70 countries and 6 continents
- ISQua's members are continually working towards quality improvement in health care around the world.

Certification of hospitals for the quality of care Manual



Accredited in 2010 and 2021

Organisation accreditation of HAS



First accredited in 2010, then in 2014, 2018 and 2022.

Surveyor training programmes



Accredited in 2012, 2016 and 2022

The accreditation, a major turning point

REFOCUS ON CARE

-○ Moving from a culture of means to the culture of results
-○ Propose evaluation methods directly related to the core business of caregivers, and therefore of the institution
-○ Listen to the different actors and their practices
-○ Giving meaning and clarity to health professionals and users

What challenges ?



DEVELOPING
PATIENT
ENGAGEMENT



DEVELOPING A
CULTURE FOCUSED ON
EVALUATING THE
RELEVANCE OF THE
CARE AND ITS
OUTCOME



DEVELOPING
TEAMWORK



ADAPTATION
TO CHANGES IN THE
HEALTHCARE SYSTEM

Purpose

Provide a relevant and balanced response to expectations



1. **Users** : knowledge of the level of quality and safety of care in a health institution



2. **Health professionals**: internal management tool and improvement of practices



3. **Supervisory authorities** : role in quality regulation

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“patients, caregivers, a shared engagement”

What type of standard?



THE PATIENT

3 Chapters



THE CARE TEAMS



THE HOSPITAL



The patient

1. The patient is informed and their involvement is sought
2. The patient is respected
3. Family and/or carers are involved in implementing the care project with the patient's agreement
4. The patient's living and social conditions are considered to be part of their care

The care teams

5. The relevance of the pathways, procedures and prescriptions is discussed within the team
6. The teams liaise with each other to provide multi-professional, multi-disciplinary patient care throughout the care episode
7. The teams master the risks associated with their practices
8. The teams assess their practices, particularly with regard to the monitoring of their patients' clinical outcomes

The hospital

9. The hospital defines its strategic directions in line with its local area
10. The hospital promotes individual and collective patient involvement
11. The governance shows leadership
12. The hospital promotes teamwork and skill development
13. Professionals are involved in a quality-of-life at work approach encouraged by the governance
14. The hospital's operational response is suited to the risks it may face
15. The hospital is actively engaged in the continuous improvement of quality of care

Type of standard?

- Co-constructed with healthcare professionals, authorities and user representatives
- Modular standard => adapted based on the healthcare organisation's activities : generics(91), specifics (41)
- Comprising criteria with 3 requirement levels:
 - **Standard (110)**, **essential(17)** and **advanced (5)**

17 essentials criterias



THE PATIENT

- Consent to care project and implementation
- Respect for privacy and dignity
- Minor patient benefits from a suitable environment
- Managing pain care aimed at anticipating or relieving the pain quickly



THE CARE TEAMS

- Relevance of the use of freedom-restricting measures is discussed and reassessed
- Teams in the intervention improve their practices by analyzing checklist procedures
- Somatic examination for any patient hospitalized in psychiatry
- The teams master the use of high-risk medicinal products
- Master the risk of infection
- Good practices of prophylactic antibiotic therapy associated with invasive procedures
- Control the risks associated with primary post-partum haemorrhage (PPPH)
- The teams put in place improvement actions based on the collective analysis of treatment-related adverse events



THE HOSPITAL

- Fight against common ill-treatment in its premises
- The governance bases its management on the quality and safety of care
- Hospital tensions and exceptional health situations are properly managed
- Management of life-threatening emergencies
- The results of the care quality and safety indicators are communicated, analysed and leveraged across the hospital

The accreditation of quality of care structural

The standard



MEASURING & IMPROVING QUALITY

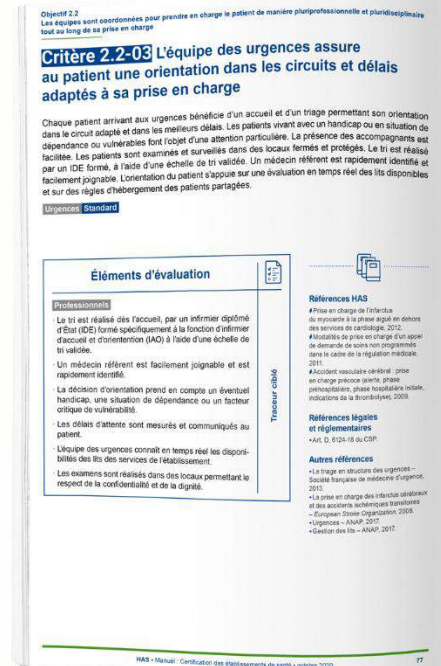
MANUAL

Healthcare organisation certification for quality of care

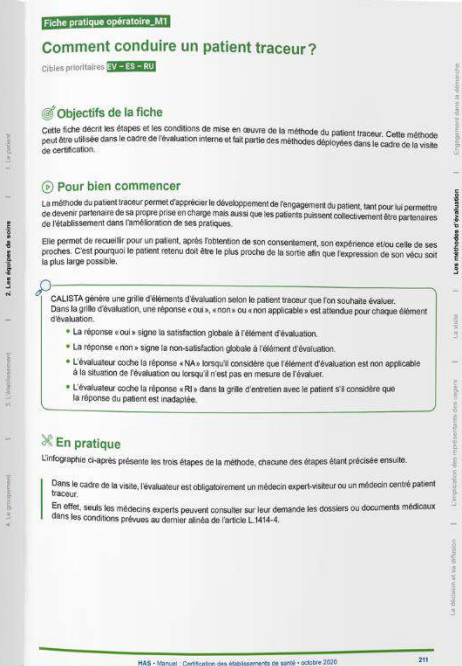
September 2022



Criteria guide sheets



Practical guide sheets



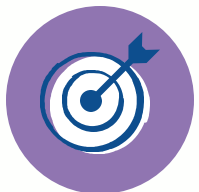
Audits: 5 methods directly related to the core business of caregivers



Tracer patient: The assessor meets the patient and then talks with the team in charge of the patient's care



Tracer pathway: assesses the continuity and coordination of patient care, as well as teamwork. It also assesses the care quality and safety culture



Targeted tracer: consists in the on-the-ground assessment of the actual implementation of a process, its control and its ability to fulfil the objectives.

- ✓ medicinal and healthcare product circuit
- ✓ prevention of healthcare-associated infections
- ✓ management of adverse events
- ✓ unscheduled admissions
- ✓ management of labile blood products



System audit: consists in assessing a process to ensure it is under control and able to fulfil the objectives. The assessment starts with the understanding of the process and works its way down to the on-the-ground verification of its actual implementation by professionals

- User representatives
- Professionals
- Governance



Observations

What results?



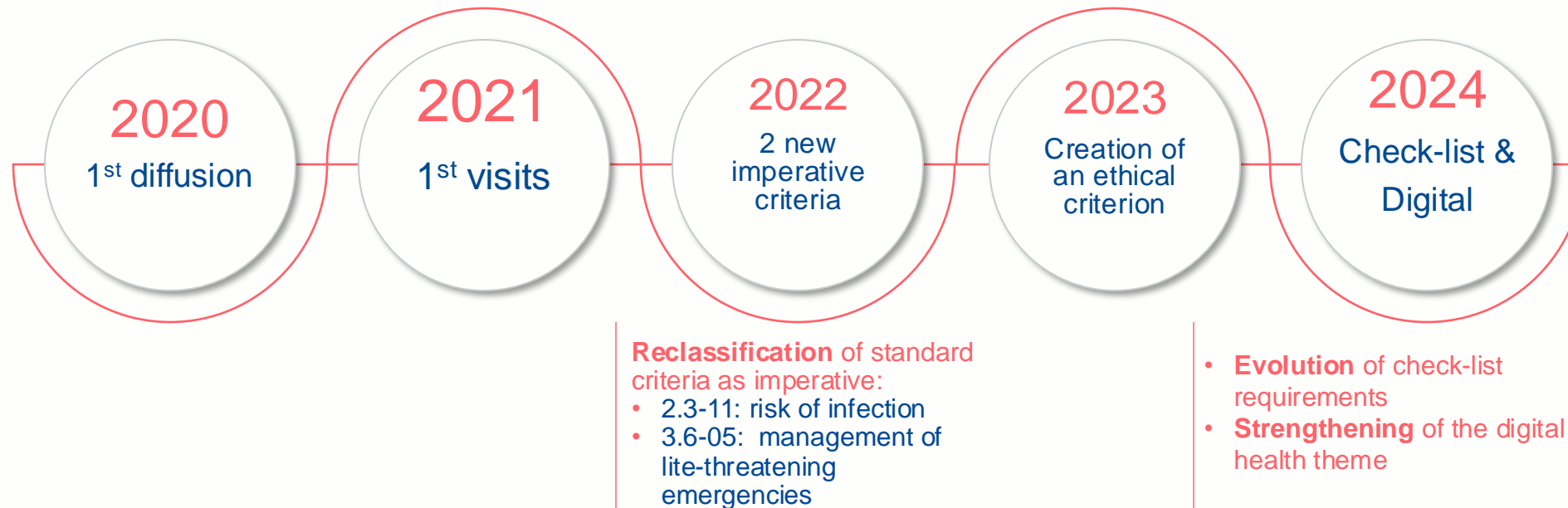
New survey within 4 years

Survey rescheduled between 6 and 12 months

Survey rescheduled between 12 and 24 months

A dynamic system

A principle of annual adjustment : integration of changes in best practice recommendations, emerging risks, adjustment of wording from RETEX



1,026 Surveyors

- The surveys are implemented by peers, health professionals practicing in HCO
- the HAS recruits and trains them
- doctor can choose between 3 missions or 2 days per year (Patient-tracer doctors)

	Workforce
Physicians, “classic surveyor” profile	247
Patient-tracer Doctors	123
Caregivers	360
Managers	104
Other profile	23
Digital surveyor	169
Total	1,026

Conclusion

A model of accreditation of hospitals that deploys methods closer to the experience on the ground professional practices :

- Availability and transparency on evaluation tools and methods
- Valuing teamwork
- Promotion of the patient-centered approach
- Increased motivation
- Greater adherence of healthcare professionals to quality improvement
- Toward an evaluation of results rather than processes

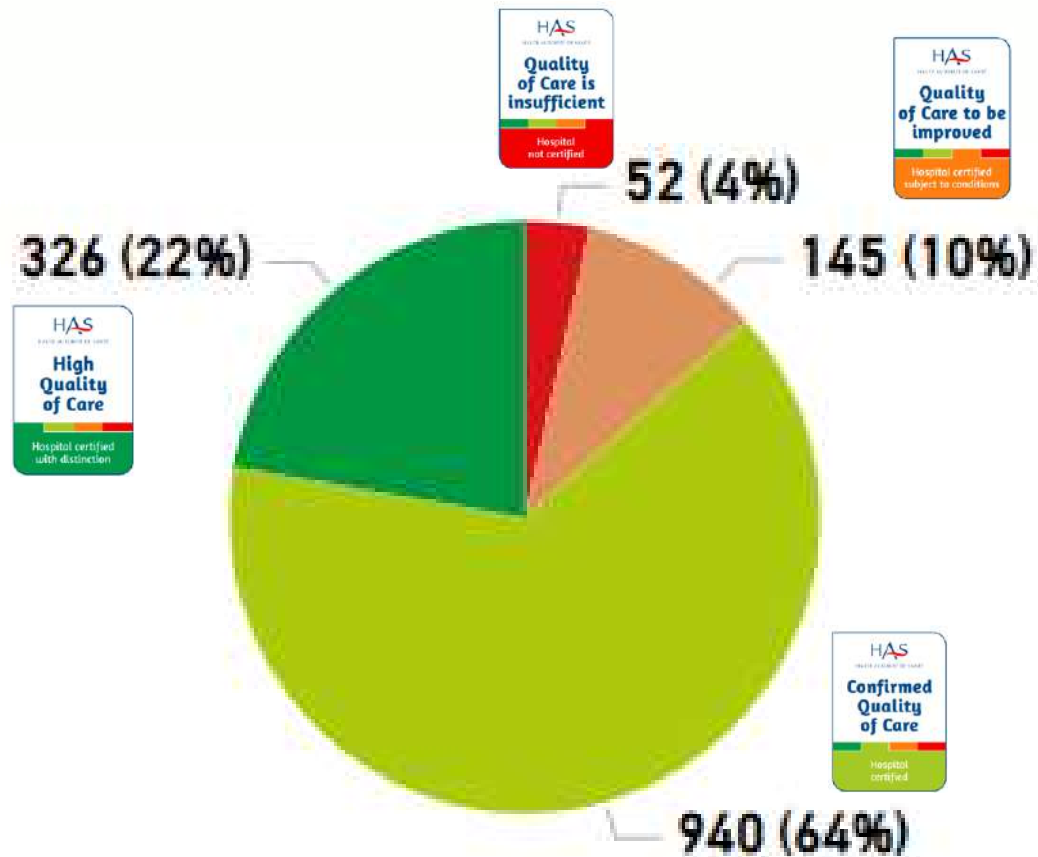


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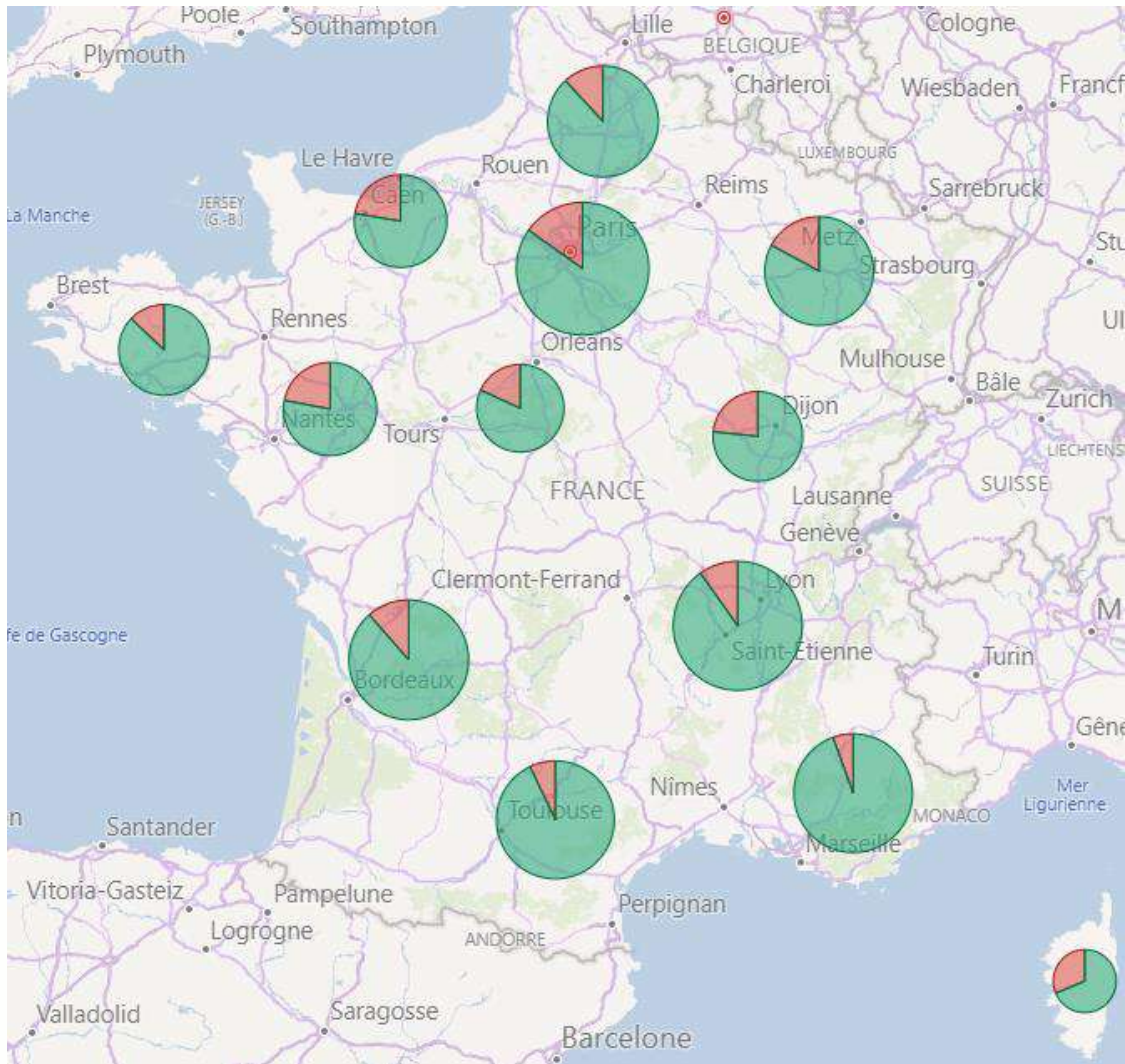
Data et results

Data and results, since april 2021

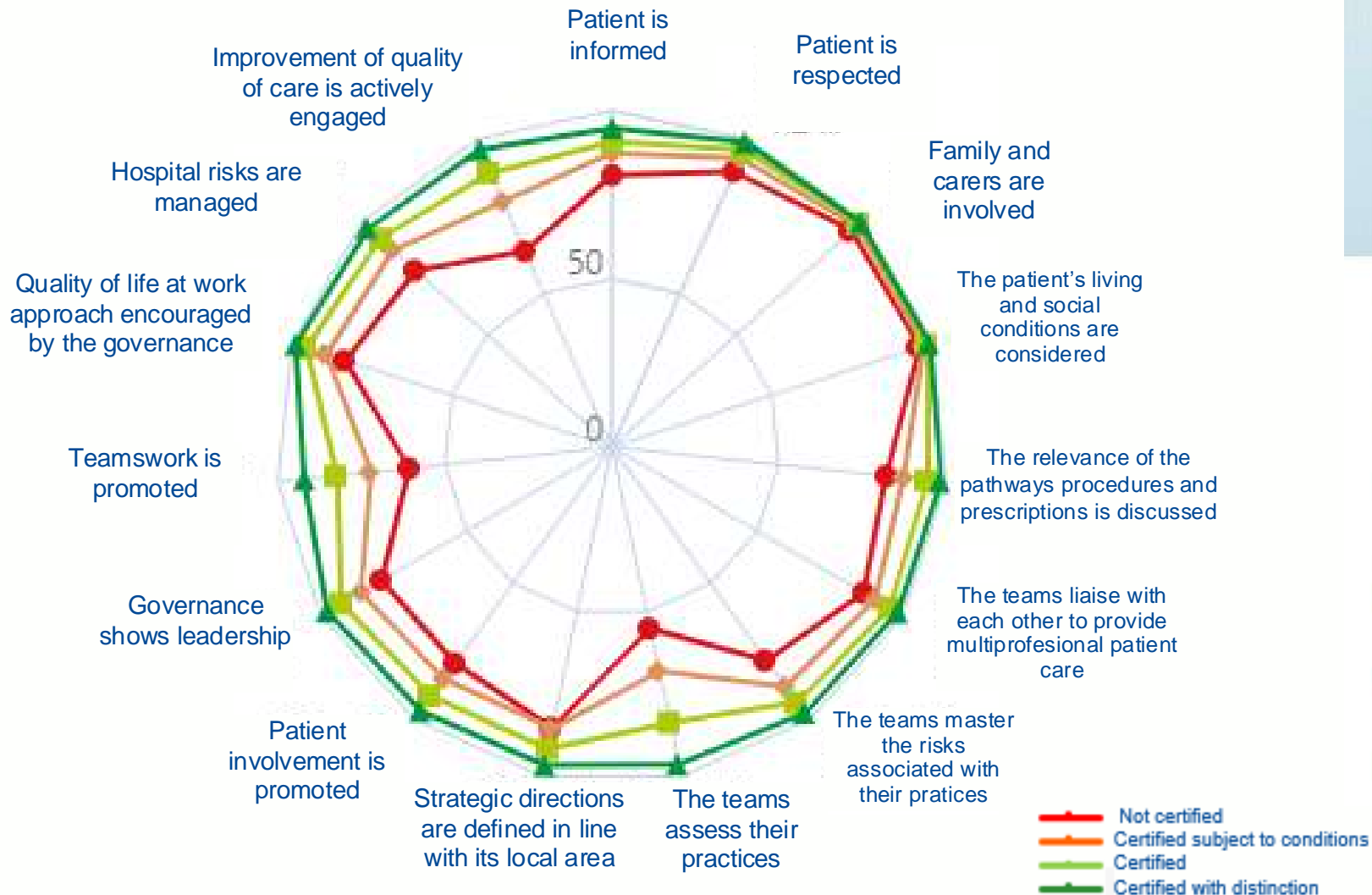
- **1,463** decisions issued up to 28 june 2024 = **60%** of the total of hospitals



Mapping results by region



Objectives results



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Thank you for your attention



www.has-sante.fr

