Perspectives for improvement of medical services in Georgia through accreditation of hospitals

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Summery

Implementation of the universal health care state program has significantly increased the financial availability of the Georgian population on medical services, however this process caused some problems to medical service suppliers, which was expressed in the misunderstanding generated by the settlement. Despite all of this, Georgian population still does not have high quality medical services. Although some changes are made to new health care providers to improve the quality of health care and facilitate access to it, but the changes do not include a number of important aspects of the treatment process – improving the qualification of medical personnel, number optimization, patient safety, the necessity and use of recommendations (guidelines) and disease management standards (protocols) of clinical practice. While some of the guidelines are developed, it is not institutionalized. Thus, the subject of discussion is wither the high quality hospital services will be available. Competences such as: 1. Increase of clinical quality and at the same time gain confidence in patients; 2. Assess the clinical efficiency; 3. Time management to improve efficiency and forecast; 4. Establishment of evidence based medicine and etc. Play decisive role in development of the hospital. Implementation of all the above mentioned activities will only be possible through the introduction of the quality management system.

Keywords: *accreditation, certification system, quality of healthcare, hospital accreditation.*

Overview

Development of quality management systems and implementation of its control are vital for all countries, especially for developing countries with limited resources providing the population with the minimally necessary medical services. For experts in healthcare system of any country in the world, the efficacy of medical institutions and the quality are key healthcare management problems.

Along with the economic changes in the country and the implementation of health reforms, its significance increased significantly. Establishment of a medical market, introduction of a health insurance system, establishing a legal base for the protection of patients' right to high quality medical care will push medical facilities to more efficient use of existing resources and stimulate the quality and intensity of the work of medical personnel.

Permanent increases of health care expenditures and medical services have deepened interest in the quality of medical care, because the quality of services is actually an opportunity to control costs and provide optimally better services at the same time.

Based on the above, managers of medical facilities are interested in using the methods of evaluation and analysis of the quality and efficiency of the medical personnel, its structural subdivisions and institution's work.

There are many definitions of healthcare quality: The institute of Medicine defines healthcare quality as the extent to which health services provided to individuals and patient populations improve desired health outcomes. The care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making (The Institue of Medicine – IOM); The quality of healthcare means the right actions (what), for the right person (who), at the right time (when) and the right actions during the first intervention (Department of Helath, UK, 1997); Quality is the kind of care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts (Council of Europe); Quality of care is the level of attainment of health systems' intrinsic goals for health improvement and responsiveness to legitimate expectations of the population (WHO).

The quality of medical service is the combination of certain characteristics that can be assessed to meet the needs of the patient (population), its expectations and the modern level of medical science and technology.

The quality of medical service implies not only carrying out appropriate activities in accordance with the standards, but also the following:

- ◊ Safety;
- ◊ Acceptable expenses;
- ◊ Activities to reduce the mortality, morbidity, becoming an invalid and etc.

Quality of medical care is to maintain the quality of service through determination of compliance with the standards and rules of exploitation of medical facilities and equipment and licensing or certification of quality if professionals. (O. Vasadze, Z. Janelidze, L. Kobaladze, 2002).

Quality- oriented health care is a safe, effective and efficient medical service, that will respond to health care requirenments. These requirements are complex that has been achieved by implementing accreditation of hospitals in a number of countries. Accreditation is an official procedure through which the authorized body evaluates and recognizes that the organization, program or group meets the requirements set by the standards. Accreditation of medical institutions is the evaluation of the work process of the medical institution according to the predefined standards. Accreditation continues to require permits and licenses by requiring continuous improvement of quality from medical institutions. Unlike the permit, accreditation will be issued for a certain period of time and the institution must re-evaluate it for its renewal. Although the permits are under the responsibility of the state, the accreditation is governed by an independent, non-governmental organisation in the majority of developed countries. Accreditation is directed to patients, their families and other users with the most safe, cost-effective and supportive support, using the planned and developed approach based on existing data. It includes systematic and continuous assessment of patient care and other supporting processes in order to demonstrate efficiency improvement capabilities and timely implementation of appropriate measures.

Nowadays acquisition programs are being implemented by professional associations or state level governing bodies in different countries. According to the study by the Ministry of Health in Belgium in 2007, 11 of 17 accreditation programs are based on ISQua (International Society for Quality in healthcare) standards.

Some accreditation organizations have established independent assessment and accreditation programs worldwide for example: Canadian accreditation program- ROP- Required organisational Practices, German accreditation program- KTQ- International GmbH, "Cooperation for transparency and quality in healthcare ", accreditation program in Asia- The Saudi Central Board for Accreditation of Healthcare Institutions – CBAHI, accreditation program in Australia- "The Australian Council on Healthcare Standartds- ACHS", accreditation program in UK- The National Gold Standards Framework – GSF.

Accreditation schemes for hospitals are as follows:

- ◊ Accreditation Association for Ambulatory Health Care (AAAHC)- USA;
- ◊ Accreditation Association for Hospital/Health Systems (AAHHS)- USA;
- ◊ Caspe Healthcare Knowledge Systems, CHKS Ltd, www.chks.co.uk;
- ◊ Malaysian Society for Quality in Health, MSQH- Malaysia;
- ◊ "QHA Trent Accreditation", UK-Europe;
- ◊ "Australian Council for Healthcare Standards International", or ACHSI, Australia;
- ◊ Accreditation Canada, CCHSA,"Canadian Council on Health Services Accreditation", Canada;
- ◊ Healthcare Facilities Accreditation Program (HFAP), USA;
- ◊ Joint Commission, USA;
- ◊ Community Health Accreditation Program, CHAP, USA;
- ◊ Accreditation Commission for Health Care, ACHC, USA;
- ◊ The Compliance Team: "Exemplary Provider Programs", USA;
- ◊ Healthcare Quality Association on Accreditation, HQAA, USA;
- ◊ DNV Healthcare Inc. DNVHC, Norway and USA;
- ◊ Thailand Hospital HA, Bangkok, Thailand;
- ◊ "Taiwan Joint Commission on Hospital Accreditation", Taiwan;
- ◊ " La Haute Autorité de Santé", France, Paris;
- ◊ "National Commission for Accreditation of Hospitals", Bucharest, Romania;
- ◊ "American Accreditation Council", (ACC), USA.

After the collapse of the Soviet Union in Georgia "Semashko" healthcare system remained. The long and complicated process of his reforms began in the 90th. The first phase of reforms began in 1991- 1994. On the background of economic, social and political crisis, the health care system is almost completely eliminated. It should be noted, that if during the Soviet period the state spent about 130-135 dollars per person, during the crisis period the index fell to 0.45- 0.8 $.

Right to access to quality medical services was reflected in the Georgian legal space as well as in the next stage of the establishment of the independent state of the country. Paragraph 37.1, Constitution of Georgia (1995) states, that " everyone has the right to brnrfit from health insurance, as with available medical assistance, free medical care is provided in the conditions defined by the law. According to the Constitution, "Every person is free and born before the law regardless of race, color, language, sex, religion, political and other views, nationality, ethnicity and social origin, property and title status, place of residence" (paragraph 14).

The work on health care law started in 1995. On December 10, 1997 the Parliament of Georgia adopted the bill with the third reading. The law has to fill the vacuum in the healthcare system. "The law on Health Care" included all the basic principles relating to various aspects of patient's rights, among them patients' social rights. The law reflects the right to access the patient's quality medical service and is associated with the quality of medical services and patient safety.

In this period the system began to decentralize, financing sources have changed, primary healthcare has developed, system has been oriented on population needs. In the first phase of the reforms, the state of the population still remained hardest.

Changes in "Healthcare law in Georgia" in 1997, about the existence of a continuous medical education system is an important tool for quality, unfortunately this regulatory mechanism is weakly used in Georgia.

According to the "Healthcare law in Georgia", paragraph 16, point b): one of the mechanisms of state health care management is the quality control of medical supervision, and according to the paragraph 63 " quality control of medical activity of all medical institutions is maintained by the Ministry of Health".

The third part of healthcare reform in Georgia began after the "Rose revolution", one of the main objectives was the rehabilitation and development of the hospital sector.

Drastic changes in healthcare system occurred in 2004-2006. Targeted medical bills and health insurance state structures have been canceled, as a result funding of state health care programs has become the prerogative of the state budget. Massive privatization of medical institutions started, as a result there are no primary health care facilities or hospitals in the state ownership.

Social tax was introduced in 2005, that was directly in the budget and health care was financed from the budget, but the tax was revoked in 2008.

"National program of hospital sector" developed by the Government of Georgia in 2007 envisaged construction of 100 new hospitals. According to the plan, 100 new multiprofile hospitals must have been built, most of them will be located in the regions and 30 minutes could be enough for transportation. The general plan defined the necessary requirements for hospital building and medical equipment. Because of war in 2008 and other different reasons the objectives planned in this reform could not be done.

Privatization of the hospital sector on the basis of resolution #85 of the government of Georgia, March 30, 2010, contacted insurance companies for the health insurance program for the vulnerable. One of the essential provisions for participating in the state program for insurance companies was to provide modern standards for hospitals.

On December 17, 2010, the government of Georgia adopted resolution #385, "On approval of the Regulations on the Rules and conditions of Issuance of Permits for Medical Licenses and Permits". The system of permits for inpatient institutions has been developed to ensure patient safety. For the purpose of controlling the quality of medical services, the State Regulation Agency for Medical Activities performs the examination of the licensing or permit conditions in accordance with the legislation. (T.Verulava).

The new plan of 2010 envisaged 26 "medical regions" with modern hospitals. The winner company in the region was obliged to serve the beneficiaries of the state insurance program for 3 years. In addition, the company will have to build the hospitals with new standards from the first of December, 2011. Despite the fact that the government was continuously negotiating with investors and donors, the project failed.

From September 2012, internal system of assessment of quality improvement and patient safety has been initiated in order to imrove the quality of medical services. On May 14, 2012 the Government Resolution # 180 was adopted for the purpose of introduction of medical practice based on evidence, " Grant Program for Development of State Standards (Protocols) for Clinical Conditions Management" (Georgian Resolution # 180), within the framework of the openly announced grant competition, the state standards of the clinical state management (protocols) projects will be selected and funded; Competition commission defined the protocol's recommendation format, project assessment criteria; The monitoring of practical use of guidelines is provided, which will help improvement of the clinical outcomes (T. Verulava).

The repot (2013year), of the Ministry of Health and Social Affairs states that the level of the patients' satisfaction is determined by the availability of high quality and safety medical services, sensitive dependence of patients, with different aspects of the received medical services. The results of the study about the use of medical services and healthcare expenditures show, that the satisfaction level of patients is high (over 80%) towards important aspects of care, such as giving adequate explanation on the causes of treatment and adequate timing for patients.

On February the 28th in 2013 "The Universal Healthcare Program" came into action. The mission of the program was to provide financial access to medical services for the population of Georgia without insurance. The program embraced more than 2 million citizens, who had no health insurance for that period.

As a result of the program, all citizens of Georgia have been guaranteed financial access to basic medical services with universal health care or state and private insurance programs.

The state program for universal health care was carried out in two stages. The first stage was from the 28th of February until the 1st of July, 2013, which meant the primary/ healthcare services of the family/ district physician services and emergency care at both outpatient and inpatient levels. Within the framework of the program, over 450 emergency care services were financed.

According to statistical data:

1. 1 347 658 persons were registered for planned outpatient and polyclinic services from the 1st of February including the 1st July;
2. In the same period 41 713 citizens received emergency out-patient services, 15 275 ones urgent hospital care.
3. Over 80% of the active hospitals across the country have been involved in implementing the universal health care state program. (Ministry of Health and Social Affairs, 2013).

The second stage of the program began on the 1st of July, 2013, which gave citizens 6 blocks instead of 3 blocks of medical care, particular:

1. Extended services for primary healthcare.
2. Urgent outpatient care.
3. Extended urgent hospital service.
4. Planned surgical operations.
5. Treatment of oncology.
6. Childbirth.

In addition, the above mentioned services have significantly expanded the capacity of health care and urgent care. For example: Consultations of family doctors plus 7 other specialists and increased list of laboratory and diagnostic services.

It is noteworthy, that in case of discontinuance the agreement of private insurance for any reason, the citizen was admitted to the universal health care program and he could receive both a family or a district doctor's health service and a nurse service free of charge; also basic laboratory services, urgent outpatient and in- patient services provided by the list has been fully funded (Limit of 15 000 GEL for each case).

During the five months of the year 2014, more people have benefited from the state healthcare program, than during the eleven months of the year 2013. During the period, more than 22.1% of patients received inpatient care, 74,5% received surgical service and more than 35.8% received cardiovascular surgery service. As for chemistry, hormone and radiotherapy the number of beneficiaries is increased by 89,9%. (Ministry of Health and Social Affairs, 2014).

First steps of hospital accreditation in Georgia have been made in 2006 , when with the help and support of the special working group at the Ministry of Labor, Health and Social Affair, CoReform, business climate reform projects and USAID US group of experts have been invited in order to make first steps for creating the accreditation system of medical institutions. The following document was prepared by the group - "The concept of health care permits, licensing and accreditation in Georgia". The aim of the project was to develop a voluntary accreditation system of medical institutions for the Ministry of Labor, Health and Social Affairs of Georgia for quality assurance.

Accepting the structure and recommendations given in the concept about licensing, permits and accreditation should support healthcare quality improvement in Georgia, create the fundament of modern payment structure, increased the role of medical community in healthcare quality and improve the legislative regulation of the medical industry in Georgia. The above mentioned conception included a number of solutions.

Structure and institution:

1. All diagnostic and medical facilities of the hospital should be available.
2. If the diagnostic, treatment and night care departments are located on more than one floor, the hospital should have at least one perfectly functional elevator.
3. Patients' diagnostic, treatment and night care departments in the hospital should be provided with heating and ventilation (at least ventilators).
4. The hospital should have a continuous water supply system.
5. The hospital should have a hot water supply system in all departments where patients are being diagnosted and treated.
6. The hospital should have perfectly functional toilets in all departments where the patients are treated and spent night.
7. Hospital should have fire extinguishable fire protection in all departments where patients are examined, treated and where they spend the night.
8. The hospital should have a continuous energy source, as well as fully functional electric generator.
9. If the hospital provides urgent medical care, it should have the emergency care department on the first floor and also be provided with ambulance and other transport.

The hospital should have venetian blinds on all windows of surgical rooms.

Equipment:

1. The hospital should have at least one perfectly functioning sterilizer and autoclave.
2. The hospital should have at least one X-ray, which will give the possibility to make radiographic image of the spine, chest, stomach and limb.
3. The hospital should have laboratory that provides basic surveys (such as at least blood and urine analysis, electrolytes, sugar in the blood and simple bacteriology).
4. The hospital should have at least one perfectly functional electrocardiogram.
5. If the hospital provides emergency medical care it must have at least one fully functional artificial respiration apparatus.
6. If the hospital has surgery, it must have at least one perfectly functioning device for anesthesia.

7. If the hospital has a surgical service, it must have at least one perfectly functional monitor to monitor permanent observations on vital functions during operation and anesthesia, such as pulse frequency and rhythm, pressure, breathing and oxygen content.
8. Hospital should have basic equipment (in good condition) for emergency care: such as artificial respiration apparatus, oxygen source, EKG, laryngoscope and endotracheal tubes for all ages and defibrillator, venous catheter.
9. If the hospital has a maternity, then it must have at least two incubators.
10. The hospital should have the possibility of protecting the hand hygiene (water , soap, spirit) in the areas where the patient is treated or diagnosed.

Staff:

1. The hospital should have sufficient nubmer of licensed and certified doctors to provide services within 24 hours.
2. At least one doctor always should be on duty.
3. In case of urgent care the hospital should have at least on doctor on call in all areas of specialization.
4. If the hospital has an emergency service, the emergency department should always have a nurse.
5. The emergency department should have one doctor on call if the doctor from the department is busy and other patient needs an urgent help.
6. The hospital should have sufficient number of licensed nurses, at least one should be always in each department.
7. The hospital must have enough laboratory staff to work within 24 hours daily.
8. The hospital should have enough radiologists to work within 24 hours, daily.

Processes:

1. The hospital should have self-assessment mechanism and possibility to take measures to correct found disandvantages, taking into account the existing resources.
2. The hospital should have an infection control and prevention program.
3. The hospital should open only one medical card for each patient.
4. The hospital should have a mechanism to ensure the patient's card completeness.
5. The hospital should have a process to identify and assess the dangeous processes for the patient.
6. If the hospital fails to satisfy any esential standard within the next seven days, the hospital should notify the issueing authority within the next three days (This can be put in the law and not in standards).
7. The prerequisite for obtaining a permit should be requirement, that the hospital has to carry out the patient saefety goals of the Joint Commission International.

The goals are:

Goal 1 – Right identification of the patient.

At least two methods of identification of the patient should be used, before inection, giving away the blood products, Blood or other sample for clinical examination, or before any kind of procedure. Number of patient room should not be used for identification.

Goal 2 – Improve effective communication

There should be a special procedure in the hospital showing how to get important results verbal or with telephone call. The person who receives the result of the analysis is obliged to verify the information through reading.

Goal 3 – To increase the safety of high risk drugs

Concentrated electorytes should be taken from the ward (including calcium chloride, calcium phosphate and sodium chloride > 0.9%)

Goal 4 – Elimination of the failure of wrong surgery.

- ◊ Checklist (indication paper) should be used directly before the operation to verify that the patient, part of the body of the patient is properly selected.
- ◊ Checklist of the documents (history of illness, x-ray result), tools and instruments to control, that they are available, correctly selected.
- ◊ Easily note a part of the body, where the operation should be done. This is especially important to prevent the confufion of the latter (for example right or left knee).

Goal 5 – Reducing the risk of health-related infections

Hospital staff protect the published and generally accepted hand hygiene standards.

Goal 6 – Reduce the risk of damage caused by the fall of the patient. Risk of patient fall can be assessed at certain times, which may depend on the medication received by the patient and the appropriate measures should be done to prevent from falling.

These standards should meet all institutions. The exception is the case when the institution does not carry out the services relating to this standards (For example in case of specialized psychiatric hospital).

Hospitals can be classified in several ways, namely: duration of delay, according to the type of service and control (ownership) provided.

1. Depending on the delay, hospitals are divided into short -term and long-term facilities. Short or episode is considered synonymous with "acute" type hospitals (Beafort longest Jn, Johnatan S. Rakisch). Long-term – "chronic" ones. The American Hospital Association determines short-term (acute) hospitals for those with no average delay in 30 days, but as a long –term is determined the hospitals with more than average delay in 30 days. More than 90% of the hospitals are short-term. Short-term (acute) hospitals are considered as general multiprofile, referral hospitals and as long-term hospitals are; Rehabilitation and hospitals for chronic diseases (eg psychiatric), but some emergency hospitals have departments of chronic diseases, including psychiatric.
2. Types of hospital services determine whether the hospital is general or specialized. General-type multifunctional hospitals conduct a wide range of medical and surgical services (including specialized). While specialized hospitals offer one of the therapeutic or surgical specialties. Some authors believe that pediatric hospitals also belong to specialized institutions, but there are some different opinions (which should be taken into account in case of Georgia).
3. The third classification divides hospitals according to the type of control (ownership): profitable or non-profitable, state (federal, municipal) or private. Most acute hospitals are represented as non-profit non-government organizations.

(USAID) CoReform and Business Climate Reform projects were ready to assist the Government of Georgia in implementing recommendations proposed by the United states Agency for International Development (USAID). At the same time the working version of the Guidelines for Accreditation Standards were prepared, that was based on the International Accreditation Standards of the Joint Ciommission. Over 450 standards have been developed, out of which criteria and essential standards have been elaborated. Recommendations on the amendments to the legislation were elaborated. . However it was not possible to take further steps for practical implementation of the project.

In the framework of the "Health Care System Strengthening Program of Georgia" (HSSP) Dr. Thomas Schwarz was invited in August in 2010. In the fact that hospital privatization process and that insurance companies were obliged to reconstruct or build new hospitals, Ministry of Labor, Health and Social Affairs expressed readiness to facilitate the start of accreditation of hospitals. The Association of Georgian Hospitals took over the process. There were presented 20 standards of which 13 were selected. They were used in the first phase of the pilot project, which aimed reassessing the concept of accreditation of hospitals and its implementation. 12 members of the Georgian Hospital Association attended the first meeting. 6 of them wanted to participate in the pilot project, which aimed self-assessment with the use of 13 standards. These are the following hospitals:

1. Pediatric clinic named after G. Zhvania
2. MediClub Georgia Ltd.
3. Multi-profile hospital in Khashuri
4. Tbilisi #5 Hospital-policlinic Union
5. Central Hospital of children named after Iashvili
6. Regional hospital in Gori.

Because the status of the Gori Hospital/ Ownership issue was not certain, the hospital could not participate in the program.

Because of changes in management of Georgian Hospitals Association and Ministry of Labor, Health and Social Affairs no new activity has been taken on the role of professional associations. Steps have been taken to facilitate the implementation of self-evaluation process at only 6 pilot hospitals. This includes a one-day seminar for pilot hospitals and visits from 6 to 5 hospitals (excluding Gori hospital due to the above mentined reasons). During the visits carried out in the hospital, there was a demonstration of self-assessment process, examples were shown, specific instructions and opinions were given regarding the development of the action plan. Materials were given to the hospitals, that provided the fulfillment of vacuum, which they have in relation to regulations and procedures. Also specific instructions and opinions regarding the elaboration of the acton plan were given. Only MediClub Georgia fully satisfied the 13 standards od the first phase, for the four rest hospitals recommendations were given and only one hospital, Multi-profile hospital of Khashuri has been failed. An action plan was developed for the second phase – involvement of additional hospitals in the project and increase the standards. Within the framework of the project, the seconed phase was planned for December 2010 and multi-year action plan developed for the certification of hospitals.

Each Pilot hospital should present the report in every 2 weeks to USAID, HSSP. USAID HSSP in the second period of October in 2010 should make the midterm assessment of the pilot program if necessary.

At the end of the calendar year 2010, the author of the present document should be back to Georgia and prove how well pilot hospitals satisfy the 13 standards have, but unfortunately the process was delayed for some time.

Also, the decision should be taken on further steps of the 1st phase. The proposed approach looks like the following:

1. Add other hospitals (new members of the Association of Georgian Hospitals);
2. Add new standards for pilot hospitals;
3. Both of them;
4. However the most important step will be to elaborate the local (non-governmental) organization of accreditation process;
5. Development of a "multi-year" action plan regarding the certification of hospitals. This could be done based on the project implemented within the project Co-Reform.

In addition to the appointment of the new general director of the Georgian hospitals association, it was planned to review and update the current work plan of the Association, including the measuring parameters of the pilot program development, continuation of the process of defining the obligations and management of professional associations, particularly in the following matters:

1. Certification of their members' qualifications;
2. Developing the criteria for residency program;
3. Providing continuous medical education courses (as mentioned in the report on previous visits, the course should be mandatory to ensure efficiency of any system);
4. The cost of service to the members.

Conclusion

The main criterion of all program of accreditation agencies and assessment indicator of quality assuarance means the system focused on patient , which is certainly possible through the accreditation process, however it is noteworthy that within the existing situation some hospitals will be able to pass the accreditation successfully. The steps and efforts made in this direction in Georgia indicate that the healthcare system of Georgia already has a demand for the introduction of the voluntary system of accreditation. The state made some steps in this direction and dpent financial resources. This process should have happened, as the citizens should have a guarantee theat the medical services they receive will be safe. For this the health care system should be able to prevent medical errors by facilitating elaboration of relevant legislation, clinical guidelines and flexible voluntary accreditation programs.

Based on the above mentioned problems, the aim of the planned research is to evaluate the prospect of introduction of certification system in Georgia and prepare relevant recommendations. To achieve the desired goal, the following tasks were solved:

1. Analysis of environmental quality regulating quality of healthcare in Georgia's hospital sector;
2. Comparative analysis of the current situation in Georgia and internationally;
3. Assessment of the concept of certification system, its general basics and needs of its implementation through studying the opinion of managers of Georgian hospital sector;
4. Prepare recommendations and conclusions for the creation of Quality management/ certification system for medical services in the hospital sector.

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