



International approaches for implementing accreditation programmes in different health care facilities - Jordan's Experience

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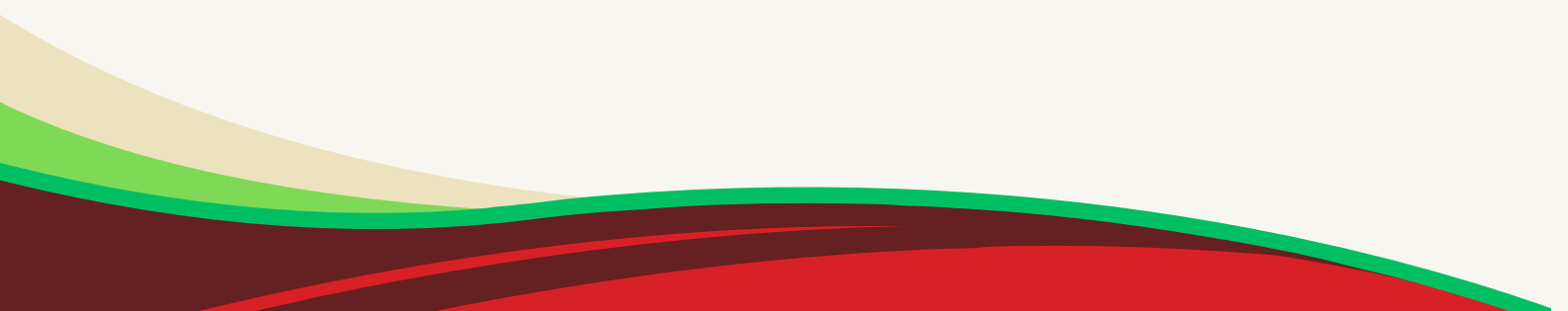
Background and overview of the accreditation programme

The Jordan Health Care Accreditation Council (HCAC) is the national organization that develops health care standards, designs and implements quality management systems, prepares health care facilities to meet these standards, builds institutional and practitioner capacity, and awards accreditation and certification. It operates as a company with a national responsibility and a social mission.

HCAC was established in 2007 as an independent non-profit organization, dedicated to leading quality improvement in Jordan and the Eastern Mediterranean region, and upholding patient needs, ethics and best practices. It was the first organization in the Eastern Mediterranean region to be accredited by the International Society for Quality in Health Care (ISQua) External Evaluation Association (IEEA) for its standards, for its surveyor preparation and certification programme, and for the organization itself.

HCAC is the only national health care accreditation body in Jordan. However, accreditation services are also provided in Jordan by other international accreditation bodies that are accredited by the IEEA.

HCAC promotes quality improvement and advances patient safety through its extensive experience in developing and implementing evidence-based standards. The standards are developed through a participatory approach with relevant stakeholders, taking into account national guidelines, laws and regulations as well as international best practices.



HCAC has more than 12 sets of accreditation standards and programmes with approximately 150 certified surveyors and more than 600 certified practitioners, including 50 certified consultants. It has held six biennial conferences, each with at least 500 participants from Jordan and the region.

Accreditation is voluntary in Jordan. However, the government-run services clearly identify accreditation as a tool for quality improvement. Accreditation fees are required from accredited organizations as part of the agreement. Fees depend on the size of the health care facility, the scope of services, and the number of survey days required.

The range of health care services that participate in the accreditation include hospitals, primary care centres, breast imaging units, baby friendly hospitals, medical laboratories, blood banks, as well as ambulatory care centres such as dentistry, physiotherapy, etc.

As of December 2023, 266 health care organizations have been accredited. These included:

- 41 hospitals
- 14 baby friendly hospitals
- 104 primary care centres (currently 200 additional PHCs are preparing for accreditation as per government's 2025 plan)
- 38 breast imaging units
- 66 medical laboratories
- 3 ambulatory centres



Health Care Accreditation Council (HCAC). Source: Facebook page of HCAC

How was accreditation used to improve the quality of health services?

HCAC's quality improvement programmes address:

- **Processes, procedures, organizational performance and human resource qualifications;**
- **Improving the performance of organizations and individuals within the health care sector;**
- **Designing and awarding accreditation and certification to health and social care institutions;**
- **Building the capacity of health and social care professionals;**
- **Providing consultation services to support change;**
- **Supporting the governments and government agencies to realize their potential to steer healthcare improvement;**
- **Enhancing performance related to governance, standards, accreditation and capacity building;**
- **Providing advice on policy reform and building quality systems;**
- **Increasing engagement and awareness.**

Furthermore, HCAC helps identify barriers to improvement and develops strategies to overcome them. For example, HCAC developed a series of flagship courses to improve healthcare professionals' knowledge and skills in the field of quality and patient safety in the belief that human resources are the most critical element in the quality improvement journey.

What were the results of this activity?

In early 2019, the HCAC began collecting baseline data on the HCAC hospital accreditation standards in a group of hospitals. This initial assessment showed that only 14% of the standards were met. A final assessment of these hospitals showed a significant increase in compliance with the standards. The table below summarizes the data from the initial and final assessments for some of the standards.

Standards	Initial Assessment %	Final Assessment %
Patient Safety Standards		
Infection prevention and control	15	97
Medication management	3	94
Areas that are reported to be most influenced and improved by accreditation: <ul style="list-style-type: none"> • Patient identification at critical care procedures. • Medication ordering, administration, preparation, and rationalized use of antibiotics. • Hand hygiene, safe injection practices, cleaning, and sterilization. 		
Quality Management Standards		
Quality improvement and patient safety	12	94
Information management	2	84
Areas that are reported to be most influenced and improved by accreditation: <ul style="list-style-type: none"> • Incident and adverse events reporting. 		

Governance-related standards

Management and leadership	18	93
Human resource management	5	93
Education and training	4	96

Areas that are reported to be most influenced and improved by accreditation:

- Credentialing and privilege for clinical providers.
- Staff satisfaction and staff skill mix and number.
- Continuous professional development for staff providing direct patient care.

Organizational standards

Medical records	16	96
Support services	18	97
Environmental safety	5	94

Areas that are reported to be most influenced and improved by accreditation:

- Securing patient and administrative data and avoiding their loss.
- Critical equipment maintenance: emergency room (ER), anaesthesia, and QC laboratory and radiology.
- Utility and waste management.

Care-related standards

Patient care	15	92
Diagnostic services	32	94

Areas that are reported to be most influenced and improved by accreditation:

- Triage process for patients visiting the emergency.
- Implementing surgical protocols (site procedure verification, site marking, and time-out).
- Patient assessment for anaesthesia-related risks.

Patient centredness standards

Access and continuity of care	14	92
Ethics and patients' rights	14	93


Areas that are reported to be most influenced and improved by accreditation:

- Value patient voice and patient engagement in care provision through building of complaints and suggestions and patient experience systems.
- Improved coordination of care between hospital units and departments and outside the hospitals through referral systems to external healthcare practitioners or facilities.
- Improved collaboration between the healthcare team, patient, and family (e.g., care plans that actively engage the healthcare team, the patient, and his/her relatives).

What were the key challenges involved?

How were these challenges overcome?

Key challenges:

- **Resistance to change**
 - **Increase staff workload**
 - **Lack of awareness of Continuous Quality Improvement (CQI)**
 - **Insufficient staff knowledge and training**
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Actions to overcome challenges:

- **Advocacy and awareness campaigns**
- **Stakeholder engagement and buy-in**
- **Providing consultation services to healthcare organizations to prepare them for accreditation**
- **Building staff capacity through education and training**



Health Care Accreditation Council (HCAC). Source: Facebook page of HCAC

Key learning points

- **To optimize the impact on quality of care, health care accreditation programmes need to be flexible** in their application and responsive to the increasing variation in service delivery while ensuring that core safety standards are embedded throughout the framework.
- **To be successful and sustainable, health care accreditation needs to be an ongoing process;** it also requires government support, private sector buy-in, diverse incentives to encourage participation, and well-trained teams.