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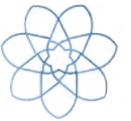
كليــــة محمـــد بن راشــد
للإدارة الحكـــــومـــية
MOHAMMED BIN RASHID
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مجـلس الـسياسات
POLICY COUNCIL

POLICY COUNCIL ON HOSPITAL ACCREDITATION IN THE EMIRATE OF DUBAI

هيئـــة الصحـة بدبـي
DUBAI HEALTH AUTHORITY

POLICY COUNCIL ON HOSPITAL

ACCREDITATION IN THE

EMIRATE OF DUBAI

ABOUT THE
POLICY COUNCIL

The Dubai Health Authority and the Mohammed Bin Rashid School of Government took the initiative to launch the Policy Council on hospital accreditation, a round table dialogue program, to promote meaningful dialogues that will enrich shared knowledge within government entities. The Council also aims to highlight vital public topics and policies of high priority within the framework of the renown achievements realized by government entities in the UAE in various fields, positioning them locally, regionally, and globally as leaders within their specializations.

Additionally, the Policy Council strives to encourage the dissemination of expertise, promote knowledge sharing, and ensure that all government entities benefit from the same. In this context, the School aims for participant diversity at every session, so as to include federal and local levels, central authorities, and specialized authorities, in addition to promoting the engagement of influential non-government stakeholders in relevant discussions. This will enable meaningful, comprehensive dialogues and the ability to tackle topics from a variety of perspectives, as the School seeks to restructure the Policy Council with a view to integrating it within comprehensive action agendas that will enable the Council to conduct in depth discussions of topics on the table. This, in turn, will enhance common understanding and knowledge-sharing efforts. The objectives of the Policy Council can be summarized in providing a platform for cognitive dialogue among experts, specialists and stakeholders involved in the government sector with a view to highlighting issues of priority and importance on government and community levels. The Policy Council also aims to document and disseminate dialogue in a balanced, comprehensive and practical manner to enrich cognitive content within government. Additionally, the Policy Council strives to encourage individual and organizational communication and relationships, and to strengthen the cognitive network within government to enhance effective organizational cooperation. Finally, the Policy Council strives to present insights and recommendations that will have an effective impact on joint action and the development of government performance.

Executive Summary

The UAE 2021 vision is to become one of the best countries in the world and "continually invest to build world-class healthcare infrastructure, expertise and services to fulfil citizens growing needs and expectations. The Dubai Health System consists of public and private service providers and continues to flourish year on year. The number of licensed health professionals increased from 17,516 in 2011 to 39,548 Q4-2019 and number of licensed health facilities increased from 2,056 in 2011 to 3,431 in Q4-2019. Dubai Health Authority (DHA) licenses health facilities and health professionals, conducts clinical, audit and inspection, manages medical complaints, governs e-health and health informatics, issues policies and standards, and supports ongoing investment and growth and indeed strategies to promote health tourism.

Healthcare providers are increasingly under pressure to provide safe and high-quality care at an affordable cost. In response to this challenge, many healthcare providers across the globe have adopted accreditation as a tool to improve safety and healthcare quality. Hospital accreditation schemes vary in their requirements (evidence-based standards), costs, frequency and undergo regular revisions to conform to best practices however, they are often considered to be a voluntary self-regulatory or quasi-controlled initiative. The Policy Council undertook a study to explore the impact of hospital accreditation through a series of hospital provider focus groups. Three recommendations are proposed (detailed in the report):

Policy Recommendation One - Improve reliability and validity of data and information through bespoke performance measures

Policy Recommendation Two – Build upon existing Governance arrangements

Policy Recommendation Three - Plan for future improvements within the hospital setting

To conclude, participant views suggest that while the evidence on healthcare accreditation on outcome improvement remains under question there are opportunities for improvement, alignment with regulation and health system performance.

Council Modularity and Purpose

In this report the Council worked with Dubai Health Authority to explore the subject of Hospital Accreditation through a series of focus groups to understand the impact of hospital accreditation in Dubai. Stakeholder selection was based on specific criteria that took into consideration expertise in the field of hospital accreditation and quality management.

Background and Rationale

Healthcare providers are increasingly under pressure to provide safe and high-quality care at an affordable cost. In response to this challenge, many have adopted accreditation as a tool to improve safety and healthcare quality. Hospital Accreditation is understood as a form of self-regulation and a peer review and self-assessment process to assess healthcare providers performance against standards of care. Hospital accreditation schemes vary in their requirements (evidence-based standards), costs, frequency and undergo regular revisions to conform to best practices however, they are often considered to be a voluntary self-regulatory or quasi-controlled initiative **(figure 1)**. The process of accreditation incorporates, evidence-based medicine, quality assurance, medical ethics, reporting, analysis and guidance on process improvement. Accreditation may be directed by federal and local regulators as it seen an as a tool for assuring patient safety and high-quality care

Dubai Health Authority (DHA) is a government entity with a mandate to oversee the health system of Dubai. Formed in 2007 under the directives of H.H Sheikh Mohammed bin Rashid Al Maktoum, the Vice President, Prime Minister, and Ruler of Dubai. Before this DHA was an established, body-overseeing healthcare and was known as the Department of Health and Medical Services established in 1973. Beyond the general oversight of Dubai's healthcare sector, DHA provides healthcare services through its provider arm such as Dubai Hospital, Latifa Hospital, Hatta Hospital and Rashid Hospital. In addition, DHA provides services through its specialty and primary care centres. DHA regulatory responsibilities include:

• Creating and ensuring the execution of policies and strategies for healthcare in Dubai's public and private healthcare sectors;

• Enabling partnerships between healthcare providers;

- Licensing and regulating healthcare professionals and facilities;

- Increasing the transparency and accountability of the healthcare system;

- Establishing payment models to execute mandatory health insurance;

- Enabling a platform for Medical Tourism; and

- Medical record integration through initiatives such as Salam and Nabidh.

In 2016, DHA issued its Health Sector Strategy (2016-2021) upon which included several strategic programs were included that align with improving patient safety and quality of care:

Program 10. Excellence and Quality

10.5: Develop emirate wide accreditation

Program 11A. Governance (regulatory):

11A.4 Position Dubai to win more excellence awards

Program 11B Governance (Service Delivery):

11B.11: Position and prepare the corporation (DHA) to win accreditation certificates and excellence awards.

In light of DHA regulatory role, and as a custodian of the health sector, DHA issued a number of Policies to mandate accreditation across different healthcare settings across the Dubai health sector. In 2014, DHA issued a Policy for Hospital Accreditation with the approval to make use of three hospital accreditors. Given the time-lapse since 2014, we set out to obtain a contextual understanding of accreditation among hospital providers.

Figure 1. Regulatory Pyramid and Safety and Quality Mechanisms
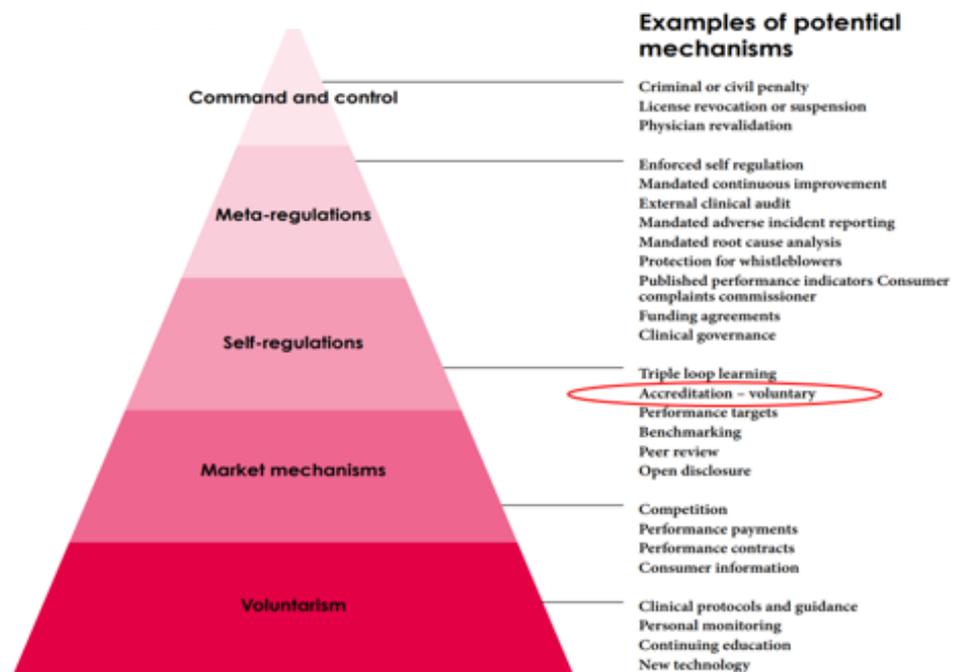
AIM:

To evaluate the impact of accreditation across DHA licensed hospitals

OBJECTIVES:

*   To explore stakeholder perceptions on accreditation;

*   To discuss the benefits and challenges for hospital accreditation; and

*   To set out the Policy recommendations to inform future decision-making.

The Donabedian Framework was adopted for the study and is an established model for safety and healthcare quality and includes three key domains namely structure, process and outcome.   The Framework highlights the important linkages between structure and process as well as the linkage between process and outcome and the impact structure can have on process and equally the importance of having in place the right processes to secure good healthcare outcomes

METHODS:

Three focus groups (using semi-structured questions) were conducted in order to explore further views on accreditation. Powell et al. defines a focus group as, 'a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research (1996: pp 499)'. Focus groups are particularly useful in providing qualitative perspectives from a selective group of people on the subject matter of interest. Focus groups have been used to encourage participation and promotion of new ideas and concepts. Furthermore, focus groups support triangulation of results when two or more different methods are adopted, and strengthen the opportunity to provide better conclusions for the subject area of interest. Qualitative approaches such as focus groups have been extensively utilised in social science and as exploratory offering the opportunity to address sensitive topics, salient issues and determine the underlying factors that lead to specific decisions or behaviours. Participants from the survey were invited to the focus groups. Invitations were sent by email and we encouraged randomisation and heterogeneity by asking survey participants to bring along one of the following staff: Chief Executive, Medical Director, Director of Nursing, Director of Estates, Director of Finance, Quality Lead, Director for Information and Technology Director or a Non-Executive Director. Each focus group consisted of ten (10) to twelve (12) participants and all focus groups were held at the Mohamed Bin Rashid School of Government (MBRSG) site to allow for recording and scribing.

Setting the Scene

1. What are the key things that come to mind when you think about healthcare accreditation in Dubai?
2. What might be the key differences between accreditation and certification?
3. What would you say are the key benefits and dis-benefits of accreditation in Dubai?
4. Is there anything else you would like to say about accreditation in general?
5. Review of the 'Donabedian Framework' for Healthcare Quality.

Structure Related Questions

1. How does the structure component relate to you in your healthcare setting?
2. What elements related to structure are covered through accreditation in your healthcare setting?

3. What are the areas related to structure would be impacted (-/+) upon through accreditation in your healthcare setting?

4. Is there anything else you would like to say about structure and accreditation?

Process Related Questions

1. How does the process component relate to you in your healthcare setting?

2. What elements related to process are covered through accreditation in your healthcare setting?

3. What are the areas related to process would be impacted (-/+) upon through accreditation in your healthcare setting?

4. Is there anything else you would like to say about process and accreditation?

Outcome Related Questions

1. How does the outcome component relate to you in your healthcare setting?

2. What elements related to outcome are covered through accreditation in your healthcare setting?

3. What are the areas related to outcome would be impacted (-/+) upon through accreditation in your healthcare setting?

4. Is there anything else you would like to say about outcome and accreditation?

Selection and Satisfaction of Accreditors

1. What factors influence your selection of an accreditor?

2. On a show of hands how satisfied are you with your accreditor?

3. What might the benefits and dis-benefits be for DHA to offer hospital accreditation?

4. Is there anything else you would like to say about the selection and satisfaction of accreditors?v

5. Are there any final thoughts on accreditation before we close?

Setting the Scene

The key elements that come to mind when thinking about healthcare accreditation in Dubai arethe following:

1. The importance of quality and patient safety in the hospitals and clinics.

2. Standards and guidelines are also critical for improving processes and systems.

3. Governance in Healthcare organizations.

Participants from the focus groups expressed that the above were the key elements associated with the accreditation of hospitals in the context of the Emirate of Dubai. Based on these three main elements, there are direct synergies with the 'Donabedian Framework for Healthcare Quality'. Standards, patient safety, standardized policies and procedures that are implemented across the various healthcare organizations across Dubai. There is a platform or framework that allows one to maintain a particular level of quality. It is paramount that organizations need a framework and the desire to achieve quality in order to be embedded in the organization, not only to be done because the institution is forced to do so or respond to the recommendations from the accreditors. It must be seen as a win-win situation, improvement on the lives of the patients as well as continuous development and improvement for the organization and administration as a whole. It is critical that if this culture and way of thinking doesn't come from within, then at the time of accreditation employees maintain the standards only to demonstrate to the accreditation surveyors but doesn't reflect the reality of the situation. Furthermore, quality should be sustainable and continuous; sometime, after the accreditation process is over employees go back to the 'same way of doing things. Accreditation validates the efforts of all employees. One participant commented:

"

Personally, I think it should come from within, nobody should look at you, nobody should force you to follow quality.

"

The key differences between accreditation and certification?

Factor Differences	Certification	Accreditation
Timing	Short Term	Long Term
Workforce Resources	Small	Large
Quality Management	Specific fields, one shot	Continuous Improvement Cycle

Participants provided their respective views on accreditation as providing sustainability, where we need to keep improving in order to sustain growth and development within the healthcare institution. It was also noted that accreditation involves on-site inspection and feedback which can also be in the form of a regional or national ongoing process where compliance with regulatory bodies and authorities with a review and monitoring period. In the context of the Emirate of Dubai, accreditation is usually a 3-year cycle.
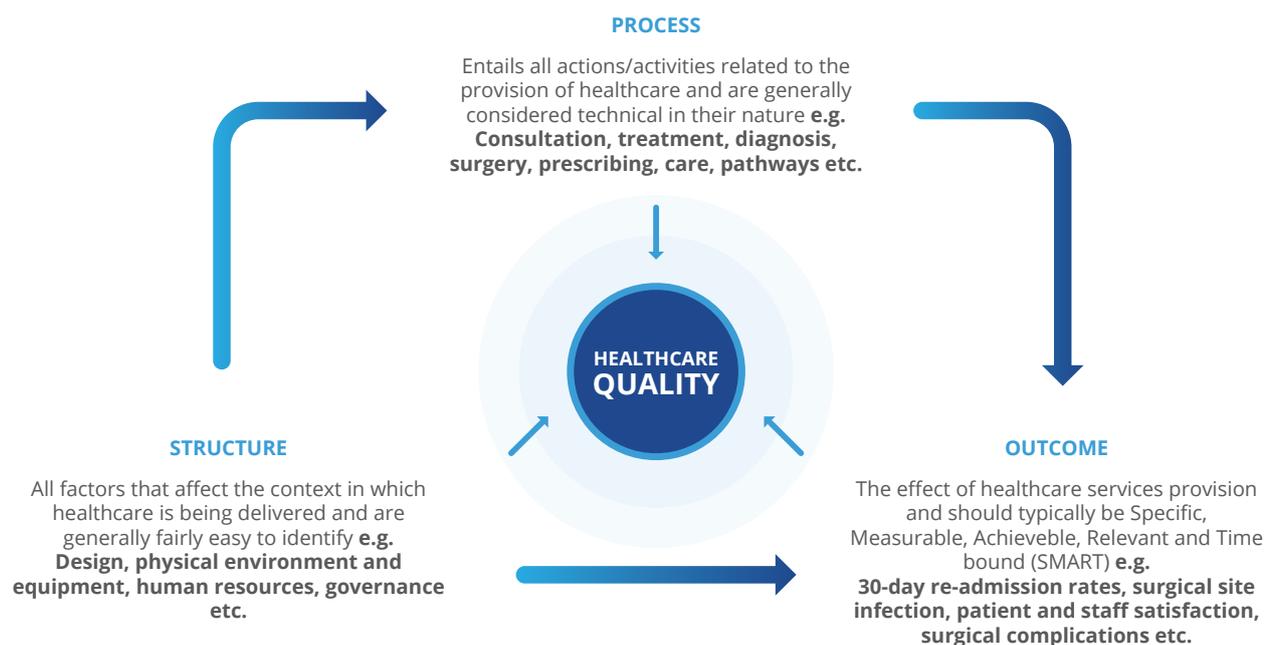
On the other hand, participants expressed their views on certification as a means of becoming certified in order to carry out a specific task which usually occurs over a shorter period than attaining accreditation.

What would you say are the key benefits and dis-benefits of accreditation in Dubai?

Accreditation Factors	
Benefits	**Dis-Benefits**
Continuous improvement on quality management	Costly
Opportunity for review and reflection	Time consuming
Setting guidance and standards	Paperwork and documentation are tedious
Staff engagement and empowerment increases	One-way approach (not involving other providers)
Brings the teams together for a single purpose	Creates high level of stress
Recognised branding	Impact is short lived (6 months) and there is limited focus on sustainability

Using the 'Donabedian Framework for Healthcare Quality'

PROCESS

Entails all actions/activities related to the provision of healthcare and are generally considered technical in their nature **e.g. Consultation, treatment, diagnosis, surgery, prescribing, care, pathways etc.**

HEALTHCARE
QUALITY

STRUCTURE

All factors that affect the context in which healthcare is being delivered and are generally fairly easy to identify **e.g. Design, physical environment and equipment, human resources, governance etc.**

OUTCOME

The effect of healthcare services provision and should typically be Specific, Measurable, Achieveble, Relevant and Time bound (SMART) **e.g. 30-day re-admission rates, surgical site infection, patient and staff satisfaction, surgical complications etc.**

Evaluating the Impact of Accreditation using the 'Donabedian Framework' for Healthcare Quality'

Structure	Process	Outcomes
Governance overall are being reviewed and recommendations due to accreditation.	Review focus is on Clinical care pathways including infection control, medication management, standardized protocols, evidence-based practice, patient safety goals, admission and discharge criteria, length of stay.	There is a review of hospital-wide KPIs (clinical pathway) which are monitored, in addition to, revenue, patient satisfaction, infection rates, admission, re-admission rates, surgical complications, complaints, legal issues, mortality rates.

A review of human resources and workforce are being conducted and recommendations provided.	Review focus is on Non-clinical pathways: contract involvement, outsourcing staff recruitment and qualifications, feedback, up-to-date licensing.	Non-clinical reviews of patient visits and satisfaction, cancellations, waiting times, discharge process, employee satisfaction, complaints.
A review of physical design of facility management is being conducted and recommendations provided.	In healthcare practice, the physician(s) are the 'captain of the ship'; therefore, clinical care pathway and documentations are paramount.	One accreditor is shifted toward performance indicators with benchmarks with the intention to monitor trends and outcomes with international peers.

"
Even though there are no published studies that show a strong positive impact, accreditation gives brand visibility. It puts you in the competitive market, gives more room to negotiate, and you are acknowledged more.

"

Word Cloud for Structure

RESOURCES

ORGANIZATION

GOVERNANCE

HUMAN

GOVERNANCE

FACILITY

MANAGEMENT

DESIGN

PLACE

PHYSICAL

Word Cloud for Process

PROCESS

CLINICAL

OUTCOME

PRACTICE

CRITERIA

EVIDENCE

CLINICAL PRACTICE

SUPPLY

BASE

PATIENT

MANAGEMENT

ORGANIZATION

RECRUIT

STAFFCHAIN

Word Cloud for Outcome

The overall satisfaction poll of accreditors

Focus Groups (FG)	Satisfied	Neutral	Dissatisfied
FG 1 (n=12)	10	2	
FG 2 (n=11)	10		1
FG 3 (n=10)	9	1	
Total (n=33)	29 (86%)	3 (10%)	1 (4%)

DHA as an accreditation body?

Potential Opportunities	Potential Challenges
More cost effective for providers	Costs to meet local accreditation standards may not be cheaper
Easier for local benchmarking and perspectives	May be difficult to account for all contextual variables (bed, patient groups, risk factors)
Focus will be more on local culture while relying on international benchmarks for quality	Alignment with international best practices may be too broad for local context
Easier to share best practices locally and internationally	Surveyors would need to maintain regular updates or work internationally to assure best practice is maintained
Standards can be customised to meet local needs with greater degree of flexibility	Too much flexibility can make it difficult to compare with international peers
Better governance for local authority as is the case with international peers	Resource allocation for accreditation to be recognised as a dedicated function within the regulatory body

Enabling a Learning Culture and Working Toward Excellence:

Healthcare Policy Recommendations

The findings from the focus groups provide a contextual perspective on the impact of hospital accreditation within the Emirate of Dubai. The use of the 'Donabedian Framework' was intended to act as a mechanism to encourage discussion among hospital providers on healthcare quality. While it is recognised that accreditation forms one part of puzzle to drive efficiency and effectiveness within the health system, the findings highlight interdependencies, challenges and opportunities for both the regulator and hospital providers.

Recommendation One - Improve reliability and validity of data and information through bespoke performance measures to:

- Better understand on the impact of accreditation – knowing how things work forms part of developing effective strategies for improvement. Hospitals are complex settings with lots of interventions and undergo a great deal of change over time. Better data and information capture will provide continuity even when there is a change in management or an accreditor

- Enable real time and succinct interventions for improvement – having good data and information would only be effective in strategy formulation if the information is current and reflects practice on the ground. Interventions for improvement need to reflect evidence based approaches and should where necessary be implemented across departments that influence patient outcomes

Recommendation Two – Build upon existing Governance arrangements to:

- Better align the current and future requirements for regulatory compliance – Regulation is always changing and what might seem relevant today is likely to change with the increasing pressures on the health system. It would therefore be prudent for regulators to be mindful of the what is coming around the curve in order to anticipate and prepare healthcare providers for change

- Bridge the gaps between certification, accreditation and licensure – The three fall under the umbrella of credentialing. While each plays a key role in securing patient safety and high quality care each should be considered in the context of reform to strengthen known gaps in clinical practice and strengthen related interdependencies

Recommendation Three - Plan for future improvements within the hospital setting to:

- Maximise opportunities to achieve excellence through innovation – Technological and medical advances continue to offer new ways to optimise the delivery of healthcare. Accreditors should take into account during 'survey' the commitment toward evidence-based innovations to improve patient outcomes

- Limit inefficiencies and associated consequences within the hospital setting and wider health system – hospitals should not operate in silos and have the potential to influence providers in other healthcare settings. The focus on limiting inefficiencies and improvement will positively influence the wider health system

Aligning Accreditation and Regulation

There is suggestive evidence that accreditation may play a role in improving healthcare outcomes. Further evaluations are needed to explore the specific enablers and barriers for good healthcare outcomes within the organization. This will enhance local learning, improve knowledge and sharing of real-world evidence. Aligning accreditation to regulation and health system performance measures should be considered. In this regard, defined metrics for accreditation should be developed to determine the role accreditation may have on strengthening regulation and improving health system performance.

Participating Entities in Dubai

American Hospital Dubai

Burjeel Specialty Hospital

AdamVital Hospital

Aster DM Healthcare

Prime Hospital

Thumbay Hospital

Medcare Hospital

Medcare Orthopaedics and Spine Hospital

Aster Hospital

Dubai London Medical Group Hospital

Emirates Hospital

Iranian Hospital

NMC Specialty Hospital

NMC Royal Hospital

Valiant Specialty Hospital

Neuro Spinal Hospital

Mediclinic Parkview Hospital

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The Mohammed Bin Rashid School of Government (formerly Dubai School of Government) is a research and teaching institution focusing on public policy in the Arab world. Established in 2005 under the patronage of HH Sheikh Mohammed bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai, in cooperation with the Harvard Kennedy School, MBRSG aims to promote good governance through enhancing the region's capacity for effective public policy.

Toward this goal, the Mohammed Bin Rashid School of Government also collaborates with regional and global institutions in delivering its research and training programs. In addition, the School organizes policy forums and international conferences to facilitate the exchange of ideas and promote critical debate on public policy in the Arab world. The School is committed to the creation of knowledge, the dissemination of best practice and the training of policy makers in the Arab world. To achieve this mission, the School is developing strong capabilities to support research and teaching programs, including:

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- Executive education for senior officials and executives; and,

- Knowledge forums for scholars and policy makers.

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