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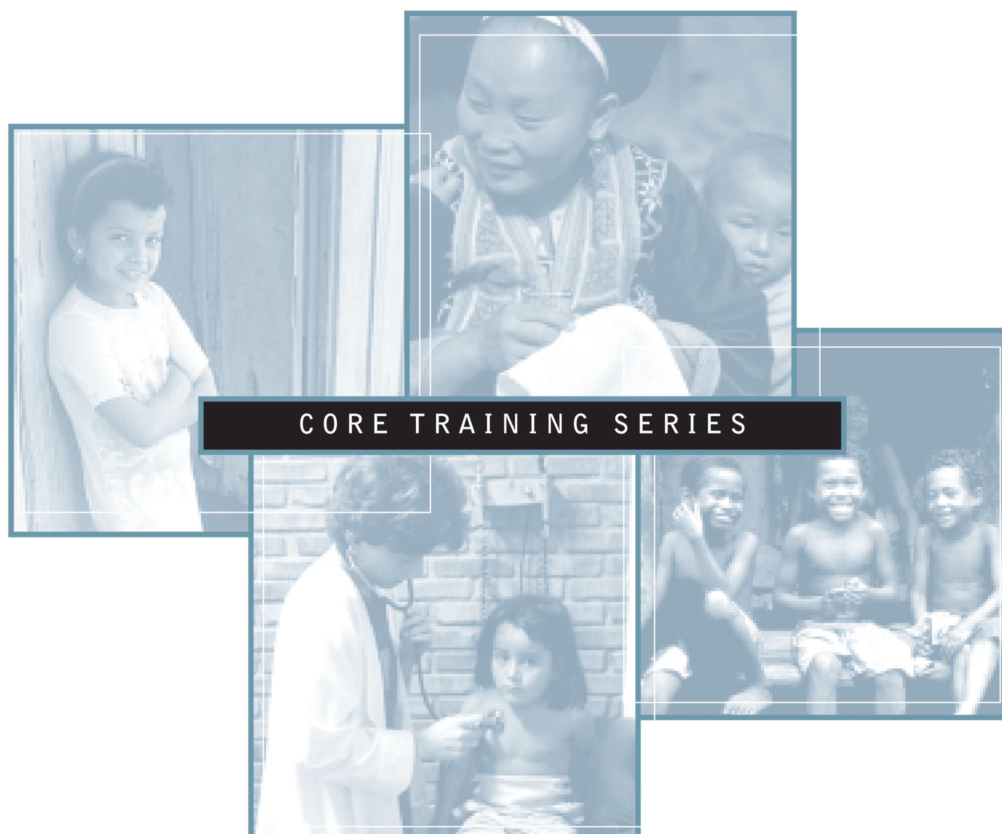

Licensure, Accreditation, and Certification: Approaches to Health Services Quality

Instructor Manual

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COURSE SYLLABUS

Introduction

The Accreditation Course is based on the content of the Quality Assurance Project monograph entitled "Licensure, Accreditation, and Certification: Approaches to Health Services Quality". The course follows the flow of the monograph; however, it does not include all of the content. While the course will provide an overview of the quality approaches described in the monograph, it is not intended to provide information or direction on initiating any of them. When a decision has been made to implement one or more of these approaches, additional information, courses, or technical assistance would likely be necessary.

Course Goals

The intent of the course is to clarify the three approaches to external accreditation (licensure, accreditation, and certification) and provide the participants an opportunity to consider the application of these approaches in their respective countries.

Target population

The target populations for this course would include healthcare leaders including representatives from the ministry of health, regional health directors, hospital directors and others who may be involved in decision-making regarding the implementation of licensure, accreditation, and/or certification.

Format

This course includes four modules designed for a 2-day workshop. The primary instructional methods for this course include illustrated lecture (using overheads or slides) and small group work including brainstorming and focused conversation. The plenary and small group work is designed to help participants examine issues surrounding the choice to use licensure, certification, and certification as quality interventions. An overview of brainstorming and focused conversation is provided in the packet.

Small groups should consist of 4-8 participants. Optimally, each small group would have a facilitator who has been prepared to lead the various activities. If facilitators are not available, the instructor will need to provide the small groups with oral and written directions regarding their task. The participants may be from the same or various countries. When two or more countries are represented, each country or region can constitute a small group.

Prepare the list of small group participants ahead of time so that the groups can be formed quickly. Also, label the rooms/tables of each group so that the participants can locate them.

The course work was planned for 20-30 participants. Prior to the workshop, the instructor would benefit from learning about the healthcare reform initiatives of the countries of the participants.

Equipment and materials required

Overhead and/or power point projector

Copies of the QA monograph*: Licensure, Accreditation, and Certification: Approaches to Health Services Quality*

Easels with flipchart paper for each small group

Markers and masking tape

If available, copies of the QA Brief: *Using Accreditation to Improve Quality,* Fall 1999, Volume 8, Number 2

Evaluation

At the end of the first day:

Ask (within the small groups) each participant to identify a positive aspect of the workshop as well as something that could be improved. In this way, each participant provides input and it is established that constructive feedback is welcomed.

A formal evaluation of the course will take place at the conclusion of day two following the posttest.

Sample Agenda

Day 1	
8:00 – 8:20 a.m.	Welcome/Overview
8:20 – 8:50 a.m.	Introductions/Expectations
8:50 – 9:00 a.m.	Quality Movement, Healthcare Reform & Quality Management
9:00 – 9:20 a.m.	Small group: Assessment of the need for a Quality Evaluation (QE)
9:20 – 9:50 a.m.	Discussion: Assessment of the need for QE
9:50 – 10:20 a.m.	Break
10:20 – 10:40 a.m.	A Standards based approach to QE
10:40 – 11:10 a.m.	Small group: Identifying standards
11:10 – 11:25 a.m.	Licensure: Practitioners and Healthcare Organizations
11:25 – 12:10 p.m.	Small group: Evaluating the effectiveness of a licensure mechanism
12:10 – 1:15 p.m.	Lunch
1:15 – 1:45 p.m.	Accreditation: Components of an accreditation system
1:45 – 2:30 p.m.	Small group: Describing areas in which accreditation could impact quality of healthcare
2:30 – 3:00 p.m.	Break
3:00 – 3:20 p.m.	Certification: practitioners, healthcare organizations, ISO 9000
3:20 – 4:20 p.m.	Small group: Identifying who & what to certify & why
4:20 – 5:00 p.m.	Review, feedback & evaluation

Day 2	
8:00 – 8:30 a.m.	Review/Preview
8:30 – 8:40 a.m.	Stakeholders
8:40 – 8:55 a.m.	Small group: Identifying stakeholders
8:55 – 9:10 a.m.	Plenary session
9:10 – 9:25 a.m.	Needs assessment
9:25 – 9:55 a.m.	Small group: Develop a needs questionnaire
9:55 – 10:30 a.m.	Break
10:30 – 10:50 a.m.	Situational analysis/Gap analysis/Decision analysis
10:50 – 12:50 p.m.	Small group: Analyze situation & gap, write decisional analysis
12:50 – 2:00 p.m.	Lunch
2:00 – 3:00 p.m.	Plenary session
3:00 – 4:00 p.m.	Review, feedback, and evaluation

The instructor will need to determine when to conduct the pretest and posttest (handouts 1 and 4 respectively). See Appendix 4 for the answer key. Pretests may be sent to participants in advance (ask participant to bring the completed pretest to the course) or conducted prior to beginning the workshop. The sample agenda may be reconfigured to meet the needs of the participants.

Brainstorming

Brainstorming is an easy way of considering a broad range of options rapidly. The idea is to allow the group to have a free flow of ideas that are as creative as possible.

Rules for conducting a brainstorming session:

- No idea is considered silly or rejected.
- No discussion is held during brainstorming.
- No judgements are made.
- All ideas are written on the flipchart.

How to conduct brainstorming:

1. Define the subject matter or question.
2. Give everyone a minute to consider the subject.
3. Ask everyone to call out his or her ideas.
4. Someone records the ideas on a flipchart.
5. The group facilitator enforces the rules ("No judgements, next idea")

The Focused Conversation Method

Facilitating group conversation or discussion is an art of communicating as well as a process of discovery. The role of the group facilitator is to guide the group's thinking and decision-making.

As a facilitator, one aims to guide the individual and the group journey from the surface level of thinking to a deeper appreciation and understanding of the topic. The facilitator concerns himself/herself not only with clarity on the subject matter but also with the significance of such understanding.

The focused conversation method was developed by the Institute of Cultural Affairs in Canada. This is a method of leading people through certain phases of reflection, enabling them to process their experience as a group. The conversation is led by a facilitator who asks a series of questions that take a group from the surface of a topic to its depth of implications. It follows a succession of questions in four levels:

1. Objective level – questions about facts and external reality
2. Reflective level – questions to call forth immediate personal reaction to the data
3. Interpretive level – questions to draw out meaning, values, significance, and implications
4. Decisional level – questions to elicit resolution, brings the conversation to a close, and enables the group to make a resolve about the future.

The order of questioning is followed because it allows "processing" without skipping emotional reaction. More questions than needed are prepared in advance but are updated in the field to respond to the flow of the group discussions.

Method Assumptions:

- Every participant is given the opportunity to contribute.
- Every participant's contribution is important.
- Different perspectives are helpful in getting to the "heart" of the discussion.
- New insights come with the "swirling" of different ideas and perspectives.
- These new insights allow the group to reach conclusions.

Style:

- Beckoning and eliciting responses.
- Receive responses without judgement.
- Honor each response (if you decide to repeat what the person said, do not re-phrase what was said in your own words).

Process for leading a conversation:

- Select a suitable setting – a room that fits the group with people sitting around tables. It is important that the participants can make eye contact. The conversation must be undisturbed.
- Invitation – Invite the group to take their places.
- Opening – Start with some planned opening remarks.
- The first questions – Usually it helps to have each participant answer the first question. This acts as an icebreaker.
- Subsequent questions – Address subsequent questions to the whole group.
- Closing – Bring the discussion to a close with a few words summing up the group's conclusions and thanking the participants.

Focused Conversation Method		
Level	**Function**	**Facilitator does…**
Introduction	To focus the attention of the group on the topic	Introduce the topic and method of discussion.
Objective	To highlight data/information What is present? What are the facts?	Ask objective level questions: What do you see? What words, phrases, objects? What lines of dialogue do you remember? Who was there?
Reflective	To encourage the free flow of imagination. To encourage the participants to make different associations to the idea or topic being discussed.	Ask reflective level questions: Where were you surprised? Excited? Discouraged? How does this make you feel? What do you associate with this?
Interpretive	To begin to recognize patterns and discern significance or meaning. To push the individual and group to articulate the underlying insights that came out of the discussions.	Ask interpretive level questions: What new insights came to you? How is this important to you/us? What is this really about? What is the significance of …?
Decisional	Experience "coming together". Deal with the personal resolve to affirm or negate the reality encountered or the conclusion made by the group.	Ask decisional level questions: How can we use this in our work life? What applications do you now see? What would you do differently?
Closing	To close the discussion	Sum up the group's conclusions and thank the participants

The Art of Focused Conversation, Brian Stanfield, ed. Toronto, Canada, 1997.

Licensure, Accreditation, and Certification

Pretest/Posttest

Answer Key

Directions: For the following questions, circle the one correct answer.

1. There are many reasons for establishing a quality measurement system. Which of the following is **NOT** a reason:

   a) Ensure public safety
   b) Manage staff retrenchment
   c) Implementation of new healthcare facilities
   d) Address public health issues

2. The basis for quality evaluation is:

   a) Concepts
   b) Theory
   c) Algorithms
   d) Standards

3. Which of the following could be described as an outcome standard:

   a) At discharge, the patient describes the use, dose, and side effects of his/her medications.
   b) Patients are educated about the use of their medications.
   c) The clinic has a medication administration policy.
   d) Medications are administered within one half hour of the scheduled time.

4. Which of the following could be described as a process standard:

   a) The patient tolerates the prescribed diet without nausea and vomiting.
   b) The patient's intake and output is monitored every 8 hours.
   c) Each hospital is equipped with a food preparation area.
   d) The hospital provides a licensed nutritionist to counsel patients regarding their diet.

5. Which of the following could be described as a input (structure) standard:

   a) Each patient's physical status is assessed upon admission.
   b) The hospital provides an adequate number of staff members.
   c) Pharmacists review all prescriptions and medication orders.
   d) Patients are involved in all aspects of their care.

6. Which of the following could be described as an implicit standard:

    a) The physician provides care based on his/her knowledge and expertise.
    b) There is a written protocol regarding the management of diarrhea.
    c) There is a written procedure describing how to insert an intravenous catheter.
    d) There is a written algorithm outlining the response to ventricular fibrillation.

7. Defining legal requirements for a physician or healthcare profession could be described as:

    a) Licensure
    b) Accreditation
    c) Job description
    d) Certification

8. Written tests are frequently used in this type of evaluation:

    a) Professional certification
    b) Accreditation
    c) ISO 9000
    d) Performance appraisal

9. An evaluation of minimum mandatory standards best describes:

    a) Professional certification
    b) Pilot testing
    c) Accreditation
    d) Licensure

10. Which of the following is **NOT** a typical evaluation approach used in accreditation:

    a) Review of medical records
    b) Written examinations
    c) Observation of patient care
    d) Staff interviews

11. Accreditation differs from certification in that accreditation is **NOT** typically applied to:

    a) Individual practitioners
    b) Healthcare organizations
    c) Healthcare networks

12. In quality planning, one of the first steps is to:

    a) Pilot a new approach
    b) Hire additional staff
    c) Conduct a needs assessment
    d) Analyze the gaps

13. Successful completion of cardiopulmonary resuscitation (CPR) training is an example of a requirement for:

    a) Accreditation
    b) Licensure
    c) Certification
    d) Aptitude

14. The stakeholders of a hospital accreditation program might include all the following EXCEPT:

    a) Hospital employees
    b) Ministry of Health
    c) Public
    d) Veterinary clinic

15. Place a letter in front of the situation that best reflects the appropriate quality measurement approach:
    A = accreditation, C = certification, L = licensure

    ___**L**___ New nurse

    ___**C**___ Cardiologist

    ___**A**___ Hospital

    ___**C**___ Laboratory

    ___**L**___ General physician