The Way Forward – Development of Accreditation of Healthcare Services in Hong Kong

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Hong Kong Quality Assurance Agency (HKQAA)

• A non-profit making independent **Conformity Assessment Body**, incorporated by Hong Kong Government Industry Department in 1989 as a company limited by guarantee;

• It was established to assist organizations in Hong Kong to establish quality management systems to face the challenge of requirements of ISO 9000 certification in the international trade;

• Mission: Introduce and promote the application of best management practice for enhancing the competitive edge of organizations in Hong Kong;

• Headquarter in Hong Kong, with offices in **Guangzhou**, **Shanghai** and **Suzhou**, and with representatives in **US** and **UK**.
Our Services

- **International Management Systems Standards Certification:**
  - **Quality:** ISO 9001, ISO 20000, TL9000, ISO 13485
  - **Environment:** ISO 14001
  - **Food Safety:** ISO 22000
  - **Occupational Health and Safety:** OHSAS 18001
  - **Social Accountability:** SA8000
  - **Information Security:** ISO 27001
Our Services

• **Self-developed Certification Schemes**
  – **Management Systems:**
    • Hygiene System Control, HACCP food safety, Carbon Emission, Wine Storage
  – **Products:**
    • Quality Scheme for the Production and Supply of Concrete (QSPSC) – a mandatory contractual requirement for civil works in Hong Kong
  – **Labeling:** Carbon Reduction
Our Services

- **Assessment**: Supplier performance (quality, environmental, social accountability)
- **Verification**: Corporate Reporting (carbon emission, environment, social responsibility and sustainability)
- **Surveying**: services quality via mystery customer visit
- **Research**: HKQAA-HSBC CSR Index (CSR disclosure research and benchmarking project)
- **Public and in-house Training**
Experience Sharing –
The Road to ISO 9001
Quality Management systems
Certification for the Hong Kong Construction Industry
Characteristics of Quality Management System

**Construction Process**
- Construction and real estate industry contributes to about 5–6% of Hong Kong’s GDP;
- Project based;
- Engineering professionals of multi-disciplines concurrently exercise professional services along the whole project life cycle, also involve multi-trades performed by skill and semi-skill workers;
- The workmanship quality cannot be fully assured by subsequent inspection or testing.

**Healthcare Services**
- Total healthcare expenditure as 5.1% of Hong Kong’s GDP, rose at an average annual rate of 6.5% from 89/90 to 05/06;
- Patients oriented;
- Healthcare professionals of multi-disciplines concurrently exercise professional services along the treatment process for a patient;
- The effectiveness of treatment plan cannot be fully verified by subsequent diagnosis.
Key Drivers of ISO 9000 Quality Management Systems Certification in Construction Industry

• Building quality issues of public housing in 80’s

The government had to redevelop 26 public housing blocks which was built just about 20 years ago due to quality problems.

Source: TQM in the Construction Industry in Hong Kong, A Supply Chain Management Perspective, Alfred Wong, Patrick Fung, Hong Kong Institute of Business Studies, Lingnan College, 1997
Hong Kong Government Promoted ISO 9000 Quality Management Systems Certification in Construction Industry

• Housing Authority required all construction contractors must be ISO 9000-certified by 1993;
• The Works Bureau required all engineering, architectural and associated consultant, and all List I and List II Group C contractors must be ISO 9000-certified by 1996;
• The Works Bureau required all specialist contractors for land piling (Group II) must be ISO 9000-certified by 1998.

Results obtained over 17 years of implementing ISO 9001 in Hong Kong Construction Industry

• Substantial decrease of accident rate;
• Better building quality;
• Less rework;
• Better housekeeping;
• Improved record keeping;
• Enhanced quality awareness in construction process;
• Improved internal communication;
• Enhanced customer confidence and satisfaction.
Experience of ISO 9000 certification in Hong Kong Construction Industry

• About 70% of participating organizations found the following:
  – **Tangible benefits**: reduction of wastages, reduction of cost of rework, reduction of maintenance cost, return of 3 dollars of 1 dollar investing in quality;
  – **Intangible benefits**: Increase of customer satisfaction, improve communication, higher quality awareness and commitment.

• About 30% of participating organizations found the following:
  – **Not much benefits**.

Source: Survey of benefit from ISO 9000 in construction industry, University of Hong Kong, 2003
Experience of ISO 9000 certification in Hong Kong Construction Industry

• **Benefits:**
  – Improved communication and efficiency;
  – Clear line of authority and responsibility;
  – Improved staff morale;
  – Easier training;
  – Reduction of unnecessary and costly errors.

• **Drawbacks:**
  – More paperwork;
  – More time spent in management;
  – Increased bureaucracy.

• 85% respondents in the survey expressed that, in balance, the benefits of a quality management system outweigh its negative drawbacks.

The Wrong Attitudes

- Some contractors considered the certification exercise as a means of securing inclusion of their firms on the lists of tenderers. Their commitment to quality was not genuine;

- Many contractors failed to reap the benefits because of the wrong attitude in implementing the Quality Management System, that was mainly due to the pressure of clients to seek for ISO 9000 certification;

- Some contractors considered ISO certificate is a “work permit”, their chance to win a contract will still be replying on the price once they have got the ISO 9000 certificate.

Obstacles faced by some construction companies

• QMS implementation was very encouraging at the initial stage but over a time period became burdensome to all parties involved if the right approaches were not involved;
• Customer’s insistence of ISO9000 certification have become the key factors driving the ISO implementation, which are generally short-lived;
• The quality system consultants might further worsen the situation as many of them are not from the construction background;
• The organizations will normally trap in the vicious circle of compliance that creates lack of flexibility, emphasis on bureaucracy and paperwork and deficiency in quality improvement;
• Resistance to change in implementing the new system will create a disordered situation

Source: Quality Management System in Construction, Universiti Teknologi Malaysia
Critical factors for successful implementation of ISO 9000

• Top Management support
  – Participation, funding for resources and recognition of accomplishments;
  – Empowers employee involvement in ISO 9000 implementation;

• Employee Involvement
  – Foster a quality culture comes with awareness that managing the change process;
  – Remove the fear of change;

• Quality Planning
  – Define measurable quality objectives;
  – Establish processes and related resources to fulfill the quality objectives;
  – Identify and manage the critical factors that inducing possible variation of processes;

• Continuous Improvement
  – Make use of quality management system to continually improve products and services performance

Source: Casual Relations among Factors Leading to the Successful Implementation of ISO9000 in Taiwan, Ching-I, Lin, Woan-Yuh Jang, National Taiwan University of Science and Technology, Lunghwa University of Science and Technology, Taiwan, 2007
Accreditation / Certification of Quality Management Systems in Healthcare Industry
The Challenge of US’s Healthcare System

Fig. 1. Estimated Deaths Associated with Medical Errors Compared to Leading Causes of Death in the U.S.

- Heart Disease: 727,000
- Cancers: 540,000
- Stroke: 160,000
- Lung Disease: 109,000
- Medical Errors (IOM High Estimate): 98,000
- Accidents: 96,000
- Pneumonia and Flu: 86,000
- Diabetes: 63,000
- Medical Errors (IOM Low Estimate): 44,000
- Suicide: 31,000
- Kidney Disease: 25,000

Source: Adapted from Leatherman et al., 2002

Source: Medical Errors: Five Years After the IOM Report, Sara Bleich, The Commonwealth Fund, July 2005
Rising Expectations – US Statistics

Overall Perceptions

Percent who say they are dissatisfied with the quality of health care in this country...

- 2004: 55%
- 2000*: 44%

Has the quality of health care in this country...

- Gotten worse: 40%
- Stayed about the same: 38%
- Don’t Know: 4%
- Gotten better: 17%

* Gallup Poll conducted September 11-13, 2000 with 1,008 U.S. adults.

## Rising Expectations – US Statistics

### Safety Worries

How worried are you about the safety of...  

<table>
<thead>
<tr>
<th>Safety Concern</th>
<th>Very Worried</th>
<th>Somewhat Worried</th>
<th>Not too Worried</th>
<th>Not at all Worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>The medical care you and your family receive</td>
<td>22%</td>
<td>26%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>The air you and your family breathe</td>
<td>20%</td>
<td>34%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>The water you and your family drink</td>
<td>19%</td>
<td>26%</td>
<td>21%</td>
<td>34%</td>
</tr>
<tr>
<td>The food you and your family eat</td>
<td>13%</td>
<td>27%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Note: "Don't know" responses not shown  
Source: Kaiser Family Foundation / Agency for Healthcare Research and Quality / Harvard School of Public Health  
Rising Expectations – US Statistics

Personal Experience With Medical Errors

Have you been personally involved in a situation where a preventable medical error was made in your own medical care or that of a family member?

Did the error have serious health consequences, minor health consequences, or no health consequences at all?

- No: 65%
- Yes: 34%
- 1% Don't Know
- Serious health consequences: 21%
- Minor health consequences: 10%
- No health consequences: 3%

Growth of Health Services

Accreditations

• Interest in accreditation of hospitals and other health care organizations is growing internationally. Their goal is to improve the quality of healthcare;

• There are at least 33 national health service accreditation programs in 29 countries;

• The number of accreditation programs around the world has doubled every five years since 1990.

Managing Cultural Factors in accreditation program

• Research indicated that there were contrasting views of professional attitudes towards accreditation program, with both support for and criticism about accreditation programs expressed.

• **Reasons for supports:**
  – An accreditation program is an effective strategy for assuring quality;
  – Accreditation results in better organizational performance;
  – Enables collegial decision-making.

• **Concerns:**
  – The program is bureaucratic and time consuming;
  – Add little value to patient care;
  – High cost of the program;
  – Lack of consistency among assessors;
  – Problem in accreditation standards;
  – Doctors considered such programs were not relevant to them.

Strategies for Promoting Quality Improvement of Health Services

• Research identified four key elements of a success strategy:
  – Developing the right culture for quality to flourish;
  – Attracting and retaining the right people to promote quality;
  – Devising and updating the right in-house processes for quality improvement;
  – Giving staff the right tools to do the job.

The Right Culture

• Establishment of a clear, quality-related mission, and performance measurement;

• Strong leadership from the Board and CEO:
  – Monitor the progress of performance improvement;
  – Leading by example and personal involvement;
  – Making quality improvement as part of employees’ daily functions, rather than an extra burden on top of routine responsibilities;
  – Holding senior staff accountable for meeting quality goals and make appropriate improvement;

• Leadership and “Quality Improvement “ buy-in among department chiefs.

The Right Culture

• Establish supportive organizational structures, such as standing and ad hoc quality related committees;

• Clear communication and rules that encourage doctors, nurses, and technicians to report errors. This requires ensuring that those who reports errors may remain anonymous and not be penalized.

The Right People

- Selective hiring, credentialing, and retention of doctors and nurses;
- Ensure staff continue to meet performance and practice standards to retain credentials;
- Attract and employ an adequate number of high-quality nurses;
- Establish multidisciplinary teams to manage and coordinate patient care and to conduct quality improvement analysis and projects with IT support.

The Right Process

- Selecting a reasonable amount of measurable quality indicators;
- Dedicating qualified staff to work with and analyze the data;
- Comparing indicators with evidence-based medicine and benchmarks within and outside the hospital;
- Identify medical practice variation and outlier;
- Reporting performance data both up and down the administrative and clinical ladders.

The Right Process

• Key components of improvement process include:
  – Developing multidisciplinary teams to drive process improvement;
  – Explore possible factors contributing to sub-optimal performance;
  – Developing and implementing an action plan;
  – Continued monitoring to ensure the intervention was successful;
  – Incorporating successful interventions into processes and policies;

• Avoid top-down approach for driving process improvement.

The Right Tools

• Give the physicians, nurses, and other staff the tools and supports they need to practice high quality medical services on a daily basis and to identify and investigate quality problems when they do surface;
• Investment in IT for quality and process improvement teams with qualified staff that abstract medical records, analyze data, facilitate the quality improvement process;
• IT system that enable access to guidelines and protocols;
• Producing real-time data on patient health status, test results, and other key factors;
• Engaging doctors and nurses in developing IT serves to ensure that the resulting system meets the needs of clinicians.

Thank You