

The Netherlands Institute for Accreditation of Hospitals

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The ExPeRT Project seminar in Scheveningen in May 1998 focused on the application of the four models (ISO, accreditation, *visitatie*, and the European Foundation for Quality Management) for external evaluation of health care services [1]. The ‘Dutch case’ was one of the cases presented at this seminar. This paper is an elaboration of this case, seen from the point of view of accreditation. It presents the features of the Netherlands Institute for Accreditation of Hospitals, established in 1998, within its environment.

Legal context for external review policies in The Netherlands

The most important laws related to quality in health care at this moment in The Netherlands are the Law on Professional Practice (BIG) [2] and the Law on Quality in Healthcare Organizations [3].

The aim of BIG (1994) is to control and enhance the quality of health care delivery by individual professionals working in the medical field. It regulates title-protection and lists titles of medical professions that are protected by law. It enforces mechanisms such as re-registration, disciplinary law and peer-review and makes professional bodies responsible for adequate training and conduct of their members. The law thus enforces self-regulation within certain limits.

The Law on Quality in Healthcare Organizations was endorsed in April 1996 and concerns health care organizations. The law formulates four requirements:

- health care organizations should provide responsible care;
- the structure of health care organizations should be such that it allows the delivery of responsible care;
- health care organizations should systematically monitor, control and improve the quality of care;
- health care organizations should give an account of their quality management activities in an annual public quality report.

Also relevant with regard to quality aspects in health care are the following laws:

- the law on complaints procedures for clients in the health care sector [4]. One requirement of this law is that each year a public report must be issued that includes the number and type of complaints received;
- the law on client participation in the management of health care organizations [5] states that ‘client-councils’ must exist that have the right to advise the management on patient-related issues and to approve management decisions regarding (amongst others) quality management;
- the law on agreement in medical treatment [6] describes the relationship (the ‘contractual obligations’) between patient and care provider and describes the rights and obligations of both in relationship to each other.

Hence, Dutch law has clearly defined the responsibility of health care organizations for the quality of organizational aspects, and the responsibility of health care professionals for the quality of the care they provide. However, Dutch law does not specify a given model or a specific set of standards to be applied. Instead, it is based on the principle of self-regulation. The standards or models to be applied, and the mechanisms of control are to be developed by the sector itself.

Overview of quality evaluation systems in the health care sector

The legal environment in The Netherlands enables the development of sector-specific quality evaluation systems in health care. In several sectors, quality evaluation systems were developed from the bottom up. In the area of professional quality, several peer review systems were developed by professional organizations. Leading in this respect are the medical specialists, who set up two *visitatie* systems [7,8], the system for training medical specialists in hospitals started in 1948. In the visitation program, every 5 years a team of peers visits specialists who are registered as teachers, and the teaching practices in which they work. This team reports on the actual training conditions. Based on this report the Committee for Specialist Registration decides whether or not to extend the

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teaching status. These visitations for the training of medical specialists in hospitals are financed mainly through the professional organizations.

In addition to this visitation system for teaching hospitals, the scientific societies set up a visitation system for non-teaching practices in 1988. This system is financed partly by the Ministry of Health and Welfare. Most of the societies organize these visitations themselves. Some, such as pediatrics, have asked the Dutch Institute for Healthcare Improvement CBO for help in co-ordinating the process.

With regard to organizational quality, several sectors have developed evaluation systems. The association of nursing homes has developed its own system (the MIK V model), and the national society for home care has developed an evaluation system for its members. For laboratories in health care, a specific accreditation system based on peer review has been in operation since 1995. For hospital kitchens, the Hazard Analysis and Critical Control Points certification is gaining importance. The Netherlands Institute for Accreditation of Hospitals (NIAZ), the system described in this paper, is designed specifically for the hospital sector. These different systems operate more or less independently of each other.

For ISO certification in The Netherlands, the Foundation for Harmonization of Health Care Certification (HKZ), set up in 1994 by various corporate organizations of providers, patients and insurers, harmonizes the certification schemes that certifying bodies apply in health care. In 1996 the HKZ established a general council of experts who developed a harmonization model that is used as a reference for approving accreditation schemes for specific subsectors. Accreditation schemes have been approved for public pharmacies, home-care organizations and ambulance services, amongst others. The HKZ is at this moment financed through the Ministry of Health and Welfare, but should become self-supporting.

In some sectors of health care (ambulances, home care services), ISO certification is encouraged. Within some hospitals, selected departments (i.e. hotel, administration and radiology) have been ISO certified. However, for hospitals as a whole, ISO is not applied in The Netherlands. The Netherlands hospital organizations prefer accreditation for external monitoring and control of the quality of the organization by NIAZ. However, if a part of the hospital received a recent ISO certificate, this is recognized by NIAZ.

The model of the European Foundation for Quality Management (EFQM) has been translated for The Netherlands by the Institute for Quality in The Netherlands (INK). INK is supported by the Ministry of Economic Affairs and is not devoted specifically to health care. However, hospitals have participated in the Dutch Quality Award. In 1996 the Jellinek Clinic received a distinction for its efforts and results. Moreover, the INK model was adopted by a group of 10 organizations – the '10 for quality'. This included four hospitals whose aim was to co-operate to improve quality. There is a growing interest in the INK model in Dutch hospitals. In 1997 INK developed an adaptation of its model specifically for health care. Moreover, INK organizes specific courses

for the health care sector, for the training of auditors and for implementation.

The Netherlands Institute for Accreditation of Hospitals

Focus and organization

In December 1998, NIAZ was established. NIAZ accredits hospitals on their request, i.e. they can have their organization evaluated by peer review. NIAZ is the only organization of this kind in The Netherlands. It was established and is financially supported by the Netherlands Hospital Association, the Netherlands Association of University Hospitals, and the Netherlands Organization of Medical Specialists. The Institute is independent of the government. NIAZ has an alliance with TNO (the Dutch organization for applied research) for the operational management of the organization.

The development of this accreditation system started in 1989 as a response to the Dekker Commission's report on the state of the national health care system. The Commission found that the system showed a high level of quality but was inflexible. There were major concerns that the increase of costs was out of control. The advice was to introduce more 'market' into the health care system. To prevent quality of health care from declining as a result of market pressures, a quality seal for health care organizations was to be developed.

Eight hospitals decided to take the initiative for the development of a quality assurance system themselves and established the Pilot project for Accreditation (PACE). After a study of the available systems in the world at that time, they took the Canadian accreditation system as their example. In 1992, nine more hospitals joined PACE. Between 1989 and 1996, PACE developed a system of 35 standards with financial support from the 'Ziekenfondsraad', the health care financing body in The Netherlands. Between 1996 and 1998 pilot accreditation programs were carried out in 19 hospitals. Over 40 auditors, recruited from the higher management in hospitals, were trained for these pilot programs. The positive impetus that resulted from these programs created a national commitment to establish NIAZ, and the Institute was established by the major organizations of hospitals in The Netherlands, together with The Netherlands organization of medical specialists, in December 1998.

NIAZ aims to enhance quality improvement in hospitals, but also to allow for accountability. An accreditation certificate should be able to demonstrate that the structure and conditions for quality management are available in the hospital.

All parties that established the institute are represented on the NIAZ board. External parties, such as the patients' organizations, insurance companies, general practitioners, home care and nursing homes, are represented on the Advisory Council of NIAZ. Moreover, NIAZ has a Panel of Experts on which the organizations of the hospital professionals are represented.

Figure 1 Examples of the ‘check’ and ‘check and act’ requirements from the standard Quality System.

The hospital evaluates the quality policies on the basis of the appreciation of patients, referring physicians, employees and the wider community.
All departments participate at least once every 4 years in an internal or external audit. The recommendations from the audits have resulted in activities that yielded significant improvement.

Figure 2 Examples of the ‘check’ and ‘check and act’ requirements from the standard for Intensive Care.

The availability and scheduling of the ICU staff and of admitting and consulting specialists must be described in a procedure. Also, the availability of supporting services (clinical–chemical laboratory, microbiology, pharmacy and radiology department) must be described. If appropriate, this requirement can be met by a general description for the hospital.

NIAZ standards

The standards are based on the systems devised by the ‘Canadian Council of Health Facilities Accreditation’ (1988) and the ISO 9000 series. However, they were developed specifically for the Dutch situation, and are based on the critical points identified by the analysis of processes within the specific hospital departments. More than 250 project teams in 17 hospitals were actively involved in developing the 35 department-specific standards. Moreover, all standards have gone through a national validation phase in which all parties have been given the opportunity to comment. This consensus development approach has led to a major commitment to the system within the hospitals. For development of the hospital wide standard Quality System in 1998, the higher management of 12 hospitals was involved.

To support both quality improvement and quality assurance, the Plan-Do-Check-Act (PDCA) cycle [9] forms the core of the accreditation system. This cyclic approach can be found in all standards.

The standard Quality System applies to the hospital as a whole. It describes the structure and conditions for quality management. It focuses on processes that encompass more than one department rather than on processes within departments. A hospital can only obtain the accreditation certificate when it meets the requirements described in the standard Quality System. Throughout the standard, criteria for the various phases of the PDCA cycle are defined (Figure 1).

The department-specific standards describe what must ideally be organized at department level. These standards have a similar structure to that of the standard Quality System. They describe requirements for management, management of processes, of supplies and personnel, and quality assurance. Departments are not required to comply with all the requirements in these standards. To facilitate self-evaluation, NIAZ has developed ‘electronic accreditation guides’. The answer categories in these accreditation guides are based on the PDCA-cycle (Figures 2 and 3).

The accreditation process

The accreditation process starts when the hospital management requests accreditation. A part of the hospital or a single department may also be accredited. The number of surveyors involved and the number of days they inspect the organization depend on the amount of personnel involved

Figure 3 Examples of the ‘check’ and ‘check and act’ requirements from the accreditation guide for Intensive Care.

	Possible answers following Plan-Do-Check-Act cycle
Is it clear how the availability of ICU staff is organized?	<ol style="list-style-type: none"> 1. Plan: planned, not arranged. 2. Plan – Do: planned, arranged, not tested 3. Plan – Do – Check: planned, arranged, tested, not improved 4. Plan – Do – Check – Act: planned, arranged, tested, improved

in the organization. For instance, for accreditation of a hospital of 700 beds and 2800 staff (full-time positions), at least six auditors are needed and the actual survey must take at least 5 days.

NIAZ applies peer review. Surveyors are people from other hospitals who have received a 2-day initial training. This intensive training is given by two teachers to a group of 12–16 candidate surveyors. The training includes document analysis, role-play, and reporting. This initial training is followed by annual additional training ‘on the job’ and informational meetings. The surveyors are recruited from the higher management of hospitals, management of larger departments in hospitals, quality managers, medical specialists, etc. Individuals apply to become NIAZ-surveyors, and to apply, they must have a letter of recommendation from the management of their hospital.

NIAZ selects the members of the surveyor team for a specific accreditation. In general, such a team represents different managerial levels and expertise. The hospital to be accredited can object to the selected surveyors, for instance when a previous relationship between the surveyor and the hospital may prevent an objective evaluation.

The accreditation process has two phases. In the first phase of an accreditation process, a hospital writes a self-evaluation report describing whether and how the requirements in the standard Quality System are met. Based on this report, the surveyors determine whether the hospital

is expected to qualify for an accreditation certificate. Moreover, they decide which departments they wish to inspect in more detail, to evaluate the quality system in practice.

In the second phase, the selected departments are required to carry out a self-evaluation by means of the department-specific accreditation guides. Moreover the departments submit their quality documents to the surveyors for review. After analysis of these documents, the surveyors visit the selected departments, interview the persons they have selected and inspect the effectiveness of the quality system in daily practice. In addition to the selected departments, surveyors may visit departments that have not prepared themselves.

The surveyors write a detailed report listing the strong points and points for improvement. They advise NIAZ whether to grant an accreditation certificate. The hospital is then required to write an action plan in which it describes what actions will be taken and when. Based on the accreditation report and the action plan, the 'Committee quality declaration of NIAZ' decides to grant the certificate, if the hospital meets the following requirements:

- there must be a culture for improvement, demonstrated by the realization of improvements recommended in earlier assessments;
- for every subparagraph in the standard 'Quality system' the hospital must be at least in the 'do' phase of the PDCA cycle;
- the surveyors have confidence that the safety of patients, employees and environment is assured.

Normally, a certificate is granted for a period of 4 years. However, within this period, a smaller surveyor team returns to the hospital to test whether the action plan has been implemented as planned. They may recommend that NIAZ cancel the accreditation certificate. For a small-scale accreditation, for a part of a hospital or a single department, a simplified form of these procedures is followed.

In the event that a hospital disagrees with the decision of the NIAZ board, it may turn to the NIAZ Committee of Appeals.

Conclusion

The Netherlands accreditation system has three important features. First of all it is a system developed from the bottom up. Accreditation in The Netherlands is voluntary and there are no financial incentives for seeking accreditation. This situation differs, for instance, from the situation in France where the accreditation system is enforced by law. Secondly, The Netherlands accreditation system has taken a long period to develop. This is probably caused by typical cultural factors; a quality evaluation system has to have a broad commitment within the sector in order to be successful, and the 10-year preparation phase was needed to build national acceptance.

During this phase an extensive consensus development process for standards development took place in which over 250 national project teams were involved. Moreover, pilot accreditations were carried out in 19 hospitals (about 20% of all Dutch hospitals). The result is, that although accreditation is voluntary, there is a lot of interest in accreditation among hospitals. In January 2000, NIAZ carried out its first accreditations, and about 40 hospitals (around 40% of all hospitals in The Netherlands) are preparing for accreditation. Thirdly, following the needs of the sector, the accreditation system aims to promote quality assurance as well as quality improvement in hospitals. The system includes elements of ISO 9000–9004, but also elements of the EFQM model. In some respects it can be regarded as intermediate between ISO and EFQM.

Although the accreditation system is independent and owned by the hospital sector, relationships are developed with other (peer) review systems. In the future, NIAZ plans to continue to invest in its system of standards and especially in the area of indicators. The relations with other (peer) review systems in health care will be enhanced, so as to provide an environment for good care for the patient throughout the health care process.

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