

# **Globalizing Health Care Standards**

**By:**

**Cherilyn G. Murer, J.D., C.R.A.  
*President & CEO - The Murer Group***

Rising healthcare costs throughout the world have created an urgency to improve healthcare productivity and quality. This sense of urgency has led to the rise of new healthcare delivery models, redesign of healthcare business and clinical processes, and organizational restructuring. Due to this tremendous growth within the worldwide health care community, there are more products and services available than ever before, bringing about a great need for consumer protection. For many years in the United States, accreditation has played a major role in providing such protection, but more recently has moved into the mindset of European healthcare providers.

Consumers need confidence in the inspection of facilities and certification of tests carried out on their behalf, but which they cannot actually check for themselves. Such validation is the responsibility of accrediting organizations. They provide confidence by implementing broadly accepted criteria set by entities, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the International Organization for Standardization (ISO). The standards address questions of impartiality, competence, and reliability that lead to confidence in the comparability of healthcare facility certification across international borders.

Within the United States' healthcare community, it is in every provider's best interest to earn accreditation from and comply with national standards established by the Health Care Financing Administration (HCFA), now Center for Medicare Medicaid Services (CMS) and applicable state agencies, as well as JCAHO or other voluntary accrediting bodies. Such standardization, either by regulatory mandate or voluntary participation sought, is a mainstream of the American

healthcare delivery system. However, not until recently has Europe recognized a need for such far-reaching accreditation. Their interest has been sparked predominantly by the creation of the European Union, linking together countries that formerly had only diplomatic and economic ties.

Accreditation and certification in Europe are partly organized and operated by the members of the European Co-operation for Accreditation (EA), which is recognized in a Memorandum of Understanding by the European Commission. Moreover, the idea of accreditation of healthcare facilities is rapidly moving forward within Europe's healthcare community. Currently, the majority of European countries utilize accrediting bodies located within their borders, such as the Netherlands Institute for Accreditation of Hospitals (NIAZ), Great Britain's Health Quality Service (HQS), and The International Organization for Standardization (ISO). However, in addition to these accrediting bodies, some European countries are beginning to utilize the services of U.S. and international organizations that promote a global accreditation community, such as JCHAO, The International Society for Quality in Health Care, Inc (ISQua), and the Commission on Accreditation of Rehabilitation Facilities (CARF).

One such organization that accredits specifically within its own borders is the Netherlands Institute for Accreditation of Hospitals (NIAZ). NIAZ was established in 1998 by the Dutch Association of Hospitals (NVZ), the Dutch Association of University Hospitals (VAZ), the Dutch Organization of Medical Specialists and the PACE Foundation (a cooperation of 17 Dutch hospitals). The objective of NIAZ is to enhance quality improvement and quality assurance in hospitals. As in the U.S., the accreditation process is voluntary; however, unlike the U.S., there is not a direct correlation between accreditation and reimbursement. Through the NIAZ system, the hospital itself requests a survey of its facility by peer review. Although the NIAZ is modeled after the 1988 Canadian accreditation system. The accreditation standards utilized reflect specific concerns and priorities of Dutch hospitals. The accreditation procedure implemented by NIAZ alters the Canadian accreditation

procedure to better compliment Dutch healthcare system characteristics.

Over the past 12 years in the British Isles, the Health Quality Service (HQS) has worked alongside Britain's National Health Service and independent sector to improve the quality of patient care. Specifically, HQS promulgates standards encompassing a broad range of quality issues and assists healthcare facilities in implementing the changes needed to meet them. The program began in 1989 as a project in the King's Fund Quality Programme, focusing on the application of a standards-based quality program for UK hospitals. During 1999, accreditation was further implemented to cover acute hospitals, community, mental health, learning disability, and specialist palliative care services. In addition, a new accreditation program for hospice care was launched, and a revised program was developed for primary care teams.

ANAES or the National Agency of Accreditation and Evaluation in Health maintains accreditation of hospitals within France. The ANAES evaluates the internal quality of healthcare facilities, in addition to developing quality standards in conjunction with community healthcare professionals. The agency also leads studies that evaluate policies and procedures of medical facilities, as well as conducts rigorous analysis of scientific literature and health professionals' publications. One very important role of the ANAES is its establishment of Recommendations for Clinical Practice and Conferences of Consensus which consider broad clinical, diagnostic and therapeutic topics to promote dialogue and greater understanding of accreditation issues. The goal of ANAES accreditation is to ultimately ensure the safety and quality of patient care and the promotion of continuous development of quality within the establishment.

Since 1990 throughout central and eastern Europe, winds of change have swept through the healthcare community, bringing an increase in the quality of health services. A great deal of attention has been focused on evaluation and improvement of these services, utilizing a number of international standards of

certification, including the International Organization for Standardization (ISO) and the excellence model established by the European Foundation for Quality Management (EFQM). The excellence model is a practical tool to help organizations develop an appropriate management system by measuring their current system, finding problem areas, and then stimulating solutions. A large area of healthcare technology has emerged in central and eastern Europe in the last 10 years, and accordingly a need for maintaining quality care has developed. As healthcare continues to diversify and enhance its service capabilities in this region, so too will the use of quality assurance systems, hopefully prompting central and eastern European countries to join the growing number of nations embracing international accreditation.

A major organization currently establishing worldwide standards within healthcare is the International Organization for Standardization (ISO). The ISO is a federation of national standards bodies from some 140 countries. It is a non-governmental organization established in 1947 to promote the development of standardization among related fields and activities throughout the world. Its goal is to facilitate international exchange of goods and services and to promote spheres of intellectual, scientific, technological, and economic activity. In 1987, the ISO published ISO-9000, a worldwide quality management system applicable to a variety of industries, including healthcare. Its goal is to provide a common quality system to create consistent products and services. Many companies outside the healthcare industry require suppliers to obtain ISO-9000 certification as a prerequisite for doing business. Large purchasers of healthcare services are now seeking providers who meet quality standards with which they are already familiar.

Responding to growing interest with respect to accreditation and quality assurance within the international healthcare community, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established an international accreditation program in 1999. According to JCAHO's published materials, standards are based on "international

consensus standards and set uniform, achievable expectations for structures, processes and outcomes for hospitals. The accreditation process is designed to accommodate specific legal, religious and cultural factors within a country.” The Joint Commission standards were developed by a 16-member international task force, representing seven major world regions: Western Europe; the Middle East; Latin and Central America; Asia and the Pacific Rim; North America; Central and Eastern Europe; and Africa. Currently, there are healthcare facilities accredited by the Joint Commission International in the following countries: Brazil, Germany, Spain, and the United Arab Emirates, and the organization continues to work with associations in Denmark, France, Germany, Ireland, and Spain.

Another international organization promoting the use of international accreditation in the healthcare community is the International Society for Quality in Health Care, Inc. (ISQua). This organization offers a unique opportunity for individuals and facilities to share expertise via an international multidisciplinary forum. ISQua is made up of a member base that includes leading healthcare providers and facilities from over 60 countries. Their main objective is “to promote quality improvement on a continual basis in international healthcare, and to promote external evaluation of healthcare including the provision of an internationally agreed method of assessment of healthcare standards and also for an internationally agreed method of accreditation for healthcare accreditation organizations.”

The organization leading the way in accreditation of rehabilitation facilities in Europe is the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is a private, not-for-profit organization established in 1966 and currently under the leadership of Dr. Brian Boon, Ph.D., who serves as CARF’s President/CEO. As a Canadian, Dr. Boon is keenly aware of the intrinsic value of the internationalization of quality of care standards. CARF’s mission is to “promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing

the lives of the persons served” by focussing on the individual using an interdisciplinary approach.

CARF began its outreach into Europe in 1994 and accredited its first facility in 1996 at Sweden’s University of Lund. The accredited programs included: comprehensive inpatient, brain injury, spinal cord and an interdisciplinary pain program. Following the lead of the University of Lund, the University of Northern Sweden sought accreditation for its interdisciplinary pain program. According to Christine MacDonell, CARF’s Director of Medical Rehabilitation International, the accredited Swedish facilities have found that they are receiving more funding from the government due to the fact that they are able to gather more information regarding patient outcomes, resources needed to achieve those outcomes, and patient satisfaction. In addition, CARF accreditation serves as an investment in quality and accountability and promotes communication on all levels of the organization. An interesting aspect of the evolution of rehabilitation in Europe is that healthcare providers and leaders of trade associations are beginning to view CARF as a resource of rehab development and are able to better understand the continuum of care model for rehabilitation, from facility based to community based, through cooperation with CARF.

Another American association focusing its efforts on internationalization is Case Management Society of America (CMSA) through an internal entity known as Case Management Society International (CMSI). Although not an accrediting body, it is a sought after resource of case management expertise by both American and international organizations. CMSI’s purpose is to promote the common business and professional interests of those engaged in the case management field and case management organizations throughout the world. American organizations, led by CARF and CMSI, have been aggressive in pursuing internationalization standards of their respective areas of specialization.

Many political, social, and economic changes have occurred in Europe as a result of unification including changes in healthcare. As this delicate process evolves, issues effecting healthcare will likely continue to be an area of focus for the European Union.

*About the Author: Cherilyn G. Murer, J.D., C.R.A., is C.E.O. and founder of The Murer Group, a legal-based healthcare management consulting firm in Joliet, Illinois, specializing in strategic analysis and business development. Ms. Murer has worked extensively in Europe, in particular the Netherlands, Germany, and Hungary and currently enjoys a home in Spain. Ms. Murer can be reached at (815) 727-3355. To learn more about Murer Consultants see their web-site at [www.murer.com](http://www.murer.com).*

This article can also be found in the Rehab Management International, Fall 2002 Issue, or visit there web-site at [www.rehabpub.com](http://www.rehabpub.com)