
INFORMATION NOTE

Hospital accreditation schemes in selected places

1. Introduction

1.1 Accreditation is a voluntary, independent external review process commonly adopted by healthcare service providers worldwide to assess the performance of their services against a set of established standards for driving continuous service quality improvement and assuring users of their service quality. Healthcare service providers in some places may also seek accreditation for additional benefits such as meeting regulatory requirements for obtaining government funding, enhancing recognition by insurance companies and attracting medical tourists. Healthcare service providers, including hospitals, may adopt the accreditation schemes developed and administered by domestic independent accrediting organizations, which are usually not-for-profit organizations, or those schemes offered by some international accrediting organizations.

1.2 In Hong Kong, the Government launched a pilot hospital accreditation scheme covering five public hospitals and three private hospitals¹ in May 2009. The Government has engaged the Australian Council on Healthcare Standards ("ACHS"), an accrediting organization evaluating and awarding accreditation to healthcare service providers in Australia and other places, as the partner in implementing the pilot scheme. The Government has adapted the accreditation standards of the Evaluation and Quality Improvement Programme ("EQuIP") of ACHS, covering 45 criteria under 13 standards, for evaluating the service performance of the hospitals participating in the pilot scheme. The framework of the ACHS standards and criteria is covered in detail in section 2².

¹ The five participating public hospitals in the pilot scheme are: the Caritas Medical Centre, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Queen Mary Hospital and Tuen Mun Hospital. The three participating private hospitals in the pilot scheme are: the Hong Kong Baptist Hospital, Hong Kong Sanatorium & Hospital and Union Hospital.

² According to the Government, the framework of standards and criteria of the pilot scheme is the same as that of the ACHS scheme. Local adaptations are made on the elements under the criteria for assessing the achievement level of the criteria.

1.3 As at March 2011, all the public and private hospitals participating in the pilot scheme were awarded full accreditation status for four years by ACHS. The Government has recently planned to extend the hospital accreditation scheme to another 15 public hospitals in the next five years.

1.4 At the meeting of the Panel on Health Services on 9 May 2011, the Research Division was requested to conduct a research study on the hospital accreditation schemes in overseas places to facilitate further discussion on the hospital accreditation scheme in Hong Kong. This paper provides information on the major accreditation schemes adopted by hospitals in Australia, the United States ("the US") and Taiwan, particularly with regard to the standards and assessment criteria of the respective schemes. The three overseas places are selected as accreditation is widely adopted by hospitals operating in these places³.

1.5 The major hospital accreditation schemes adopted in the selected overseas places and Hong Kong, and the corresponding standards/groups of standards are summarized in the **Appendix**.

2. Hospital accreditation schemes in Australia

2.1 In 2009-2010, there were 1 326 hospitals in Australia, of which 753 were public hospitals and 573 were private hospitals. As at June 2010, a total of 637 public hospitals with 52 651 beds were accredited, accounting for 93% of public hospital beds. In 2008-2009, a total of 316 private hospitals with 22 855 hospital beds were accredited, covering 56% of private hospitals and 84% of private hospital beds⁴.

³ The Research Division initially considered to study the accreditation schemes in the United Kingdom ("the UK") as one of the major accreditation schemes, the Trent Accreditation Scheme, was adopted by most private hospitals in Hong Kong in the past ten years. The idea was dropped since the Trent Accreditation Scheme ceased to operate in May 2010 and detailed information on other accreditation schemes in the UK is not available.

⁴ Australian Institute of Health and Welfare (2011).

2.2 EQUiP of ACHS is one of the accreditation schemes commonly adopted by hospitals in Australia. ACHS, established in 1974, is an independent, not-for-profit accrediting organization having a membership of over 1 450 healthcare service providers. Healthcare service providers accredited by ACHS include hospitals, day surgeries, community health centres and nursing agencies. The Australian Council on Healthcare Standards International, a subsidiary of ACHS, provides accreditation services to healthcare service providers in overseas places.

2.3 EQUiP is a four-year quality assessment and improvement programme comprising the following components:

- (a) a set of the EQUiP standards against which a healthcare service provider is evaluated;
- (b) a yearly self-assessment undertaken by the healthcare service provider to evaluate performance against the standards;
- (c) biennial on-site surveys by an external team of experienced surveyors to provide independent assessments of the performance of the healthcare service provider against the standards⁵; and
- (d) improvement process undertaken by the healthcare service provider to address recommendations from the on-site surveys.

⁵ An organization-wide on-site survey is carried out in the second year to verify the self-assessment of the service provider, conduct an external peer assessment, review the progress of recommendations given at a previous survey, provide advice on implementing improvements and award accreditation. An on-site survey is conducted in the fourth year as a periodic review to ensure that the service provider maintains momentum for continuous quality improvement, assesses improvement progress against recommendations from the previous organization-wide survey and adjusts accreditation status if necessary.

2.4 The EQuIP standards are determined by the ACHS Standards Committee comprising representatives from the government, major healthcare industry bodies and consumer groups. ACHS conducts a comprehensive review of the EQuIP standards every four years to ensure that the standards remain current, evidence-based and applicable⁶. The fourth edition of the EQuIP standards⁷, introduced in 2007, comprises 13 standards under three functions, namely, clinical, support and corporate⁸. There are 45 criteria under the 13 standards⁹, of which 14 are mandatory criteria. Under each criterion, there is a series of elements identifying what a healthcare service provider should put in place to achieve the criterion at a certain rating level¹⁰. In order to be awarded a full accreditation status, a healthcare service provider must demonstrate a moderate or higher level of achievement in all the 14 mandatory criteria. The EQuIP standards and criteria are shown in **Table 1**.

⁶ The standard review process involves evaluation of the current standards, review of the relevant literature, comparison of the standards and criteria with those adopted by accreditation schemes in other places, and consultation with stakeholders.

⁷ The fourth edition of the EQuIP standards has been adopted in the pilot scheme in Hong Kong.

⁸ The clinical function sets out the standards mostly associated with clinical care. The support function contains standards and criteria which the healthcare service provider as a whole should work on. The corporate function comprises standards and criteria for which the management of the healthcare service provider is mostly responsible.

⁹ The EQuIP standards describe the overall goals to be achieved by a healthcare service provider and the criteria describe the key components of the goals.

¹⁰ Each EQuIP criterion has five possible levels of achievement, namely: (a) little achievement; (b) some achievement; (c) moderate achievement; (d) extensive achievement; and (e) outstanding achievement.

Table 1 – Standards of the Evaluation and Quality Improvement Programme of the Australian Council on Healthcare Standards

Standards	Criteria ⁽¹⁾
1. Clinical function	
1.1 Continuity of care	<ul style="list-style-type: none"> <i>(a) Assessment system to identify needs of patients;</i> <i>(b) planning and delivering care in partnership with patients;</i> <i>(c) consent of patients;</i> <i>(d) care evaluation;</i> <i>(e) discharge and transfer of care;</i> <i>(f) health record;</i> (g) co-ordinated systems for providing ongoing care; and (h) care of dying and deceased patients.
1.2 Access	<ul style="list-style-type: none"> (a) Information on and access to services; and (b) prioritization of access according to clinical need.
1.3 Appropriateness	<ul style="list-style-type: none"> (a) Providing appropriate care and services in the right setting.
1.4 Effectiveness	<ul style="list-style-type: none"> (a) Planning, developing and delivering services based on the best available evidence.
1.5 Safety	<ul style="list-style-type: none"> <i>(a) Infection control;</i> (b) medication safety; (c) pressure ulcer prevention and management; (d) falls management; (e) management of blood and blood components; and (f) correct patient receiving the correct procedure on the correct site.
1.6 Consumer focus	<ul style="list-style-type: none"> (a) Involvement of patients and carers in planning, delivering and evaluating services; (b) informing patients of their rights and responsibilities; and (c) making provision for patients with cultural and special needs.

Note: (1) The mandatory criteria are printed in italics.

Table 1 – Standards of the Evaluation and Quality Improvement Programme of the Australian Council on Healthcare Standards (cont'd)

Standards	Criteria ⁽¹⁾
2. Support function	
2.1 Quality improvement and risk management	(a) <i>Continuous quality improvement system;</i> (b) <i>management of corporate and clinical risks; and</i> (c) <i>incident and complaint management.</i>
2.2 Human resources management	(a) Human resources planning; (b) recruitment, selection and appointment system; (c) continuous employment and performance development system; (d) learning and development system; and (e) employee support systems and workplace relations.
2.3 Information management	(a) Records management systems; (b) information and data management systems; (c) effective use of data and information; and (d) application and management of information and communications technology.
2.4 Population health	(a) Promoting better health for patients, staff and the broader community.
2.5 Research	(a) Research programme promoting the development of knowledge and its application in the healthcare setting.
3. Corporate function	
3.1 Leadership and management	(a) <i>Processes for credentialing and defining scope of clinical practice;</i> (b) <i>corporate and clinical policies;</i> (c) strategic and operational planning; (d) governance structures and delegation practices; and (e) management of external service providers.
3.2 Safe practice and environment	(a) <i>Safety management systems;</i> (b) <i>emergency and disaster management;</i> (c) management of buildings, signage, plant, equipment, supplies, utilities and consumables; (d) waste and environmental management; and (e) security management.

Sources: Australian Council on Healthcare Standards (2006, 2009).

2.5 In 2008, the Australian Commission on Safety and Quality in Health Care ("ACSQHC")¹¹ proposed to establish a new accreditation model using a set of national safety and quality health service standards for accrediting all healthcare service providers in Australia. By establishing a national accreditation scheme, ACSQHC aims to address the lack of co-ordination and fragmentation in the existing accreditation system¹² and increase transparency of the outcomes of accreditation by allowing the Federal, state and territory governments and consumers to access the related information.

2.6 ACSQHC proposed a model national accreditation scheme and a set of 10 national safety and quality health service standards in 2010. Under the proposed national accreditation scheme, approved accrediting organizations will accredit healthcare service providers, including hospitals, against the set of national standards and provide outcome data to the service providers, ACSQHC and relevant regulators. ACSQHC is responsible for formulating and reviewing the standards and evaluating the accreditation scheme. ACSQHC has planned to implement the national accreditation scheme across all healthcare service providers over a four-year period from 2011 upon endorsement of the scheme by the Health Ministers of the Federal, state and territory governments.

2.7 The national safety and quality health service standards and criteria proposed by ACSQHC are listed in **Table 2**.

¹¹ ACSQHC was established by the Federal, state and territory governments of Australia in 2006. Its role is to develop national strategies and related work programmes to guide improvement in quality and safety of healthcare services in Australia.

¹² There are over 10 healthcare service accrediting organizations in Australia. Some organizations such as ACHS have developed their own sets of accreditation standards while some have adopted the standards developed by government agencies, international and national standard setting bodies, or professional associations in their accreditation schemes.

Table 2 – National safety and quality health service standards proposed by the Australian Commission on Safety and Quality in Health Care

Standards	Criteria
1. Governance for safety and quality in health service organizations	(a) Governance and quality improvement system; (b) clinical practice; (c) performance and skills management; (d) incident management; and (e) patient engagement and rights.
2. Partnering for consumer engagement	(a) Consumer participation in service planning; (b) models of care and programme design; and (c) service measurement and evaluation.
3. Healthcare associated infections	(a) Systems and governance for infection prevention, control and surveillance; (b) infection prevention and control policies and protocols; (c) managing patients with infections; (d) antimicrobial stewardship; (e) cleaning disinfection and sterilization; and (f) information for patients and the public.
4. Medication safety	(a) Systems and governance for medication safety; (b) documentation of patient information; (c) provision of information to patients; (d) medication management processes; and (e) continuity of medication management.
5. Patient identification and procedure matching	(a) Identifying individual patients; (b) transferring care; (c) matching patients and their care; and (d) assessing risks of mismatching patients and their care.

Table 2 – National safety and quality health service standards proposed by the Australian Commission on Safety and Quality in Health Care (cont'd)

Standards	Criteria
6. Clinical handover	(a) Governance and leadership for effective clinical handover; (b) effective clinical handover processes; and (c) patient and carer involvement in clinical handover.
7. Blood and blood product safety	(a) Governance and systems for blood and blood product management; (b) documentation of patient information; (c) information for patients; and (d) blood and blood product management.
8. Prevention and management of pressure ulcers	(a) Governance and systems for the prevention and management of pressure ulcers; (b) screening for existing pressure ulcers; (c) prevention of pressure ulcers; (d) management of pressure ulcers; and (e) information for patients.
9. Recognizing and responding to clinical deterioration in acute health care	(a) Recognition and response systems; (b) organizational support; and (c) monitoring and feedback.
10. Preventing falls and harm from falls	(a) Governance and systems for the prevention of falls; (b) screening for falls risk and harm from falls; (c) prevention of falls and harm from falls; and (d) information for patients.

Source: Australian Commission on Safety and Quality in Health Care (2010a).

3. Hospital accreditation schemes in the United States

3.1 In the US, there were 5 815 hospitals as at 2008, of which the majority were operated by non-governmental or private organizations¹³. Most hospitals in the US seek accreditation which brings benefits such as enhancing users' confidence in the quality and safety of their services, enhancing recognition by insurers, and obtaining certification for participating in the Medicare or Medicaid programmes¹⁴ if accreditation is awarded by an accrediting organization having "deeming" authority granted by the Centers for Medicare & Medicaid Services ("CMS")¹⁵.

3.2 The Joint Commission ("TJC")¹⁶ is one of the accrediting organizations granted with "deeming" authority for certification of hospitals under the Medicare programme. It accredits about 82% of the hospitals in the US¹⁷. Joint Commission International, the international division of Joint Commission Resources which is an affiliate of TJC, has accredited over 300 public and private healthcare service providers in 39 countries.

3.3 The hospital accreditation process of TJC involves an initial on-site survey conducted by a TJC survey team. The survey will be unannounced if the surveyed hospital is seeking CMS certification. The surveyors assess the performance of the hospital against a set of relevant TJC standards based on verbal and written information provided by the hospital, on-site observations and interviews by the TJC surveyors, and tracing the care delivered to patients.

¹³ U.S. Census Bureau (2011).

¹⁴ Medicare is a government-funded insurance programme covering the medical expenses of citizens aged 65 or above and citizens with disabilities. Medicaid is a government-funded programme covering the medical expenses of certain low-income groups specified in the Federal and state law.

¹⁵ Hospitals participating in and receiving payment from the Medicare and Medicaid programmes are required to comply with the conditions of participation set forth in Federal regulations and be certified by CMS, the Federal agency administering the two programmes. Hospitals seeking CMS certification may choose to be surveyed by a state agency or a national accrediting organization which is recognized by CMS to enforce standards that meet or exceed the conditions of participation and is granted with "deeming" authority.

¹⁶ TJC, established in 1951, is an independent, not-for-profit organization providing accreditation services to healthcare service providers including hospitals, home care organizations, nursing homes and clinical laboratories in the US.

¹⁷ The Joint Commission (2011b).

3.4 Compliance with the TJC standards is scored by determining compliance with elements of performance, which are specific performance expectations that must be in place for a hospital to attain the standards. Accreditation will be awarded to the hospital if it is in compliance with all standards at the time of the on-site survey or has successfully addressed all requirements for improvement within a specified time following the release of the accreditation survey report¹⁸. To maintain the accreditation status, the hospital has to conduct an annual periodic performance review¹⁹ and undergo an unannounced on-site survey in 18 to 36 months' time after its previous full survey.

3.5 The TJC standards are developed with input from healthcare professionals, service providers, subject matter experts, government agencies and consumers, and are approved by the Board of Commissioners, the governing body of TJC. The 2009 version of the TJC standards for assessing hospitals comprises 284 standards under 17 performance areas which are critical to delivering safe and quality services. The performance areas and examples of the standards²⁰ of the hospital accreditation scheme of TJC are shown in **Table 3**.

¹⁸ The accreditation decision categories of TJC are Preliminary Accreditation, Accreditation, Accreditation with Follow-up Survey, Contingent Accreditation, Preliminary Denial of Accreditation, and Denial of Accreditation.

¹⁹ The hospital has to review its compliance with all applicable TJC standards and submit an action plan for any standard not in full compliance with the TJC standards.

²⁰ Owing to the significant number of standards involved, only selected examples of standards, including standards similar to those adopted in the pilot scheme in Hong Kong, are shown in Table 3 to provide an overview on the scope of standards covered in the hospital accreditation scheme of TJC.

Table 3 – Performance areas and examples of standards of the hospital accreditation scheme of The Joint Commission

Performance areas (number of standards)⁽¹⁾	Examples of standards
1. Environment of care (20)	(a) Managing fire risks; (b) maintaining fire safety equipment and fire safety building features; and (c) having a reliable emergency electrical power source.
2. Emergency management (12)	(a) Having an emergency operations plan; and (b) evaluating effectiveness of its emergency operations plan.
3. Human resources (8)	(a) Having the necessary staff to support the care, treatment and services it provides; (b) defining staff qualifications; and (c) evaluating staff performance.
4. Infection prevention and control (11)	(a) Having an infection prevention and control plan; (b) preventing the transmission of infectious disease among patients, licensed independent practitioners and staff; and (c) reducing the risk of infections associated with medical equipment, devices and supplies.
5. Information management (8)	(a) Retrieving, disseminating and transmitting health information in useful formats; (b) managing the collection of health information effectively; and (c) protecting the privacy of health information.
6. Leadership (32)	(a) Having a leadership structure; (b) implementing changes in existing processes to improve the performance of the hospital; (c) having policies and procedures that guide and support patient care, treatment and services; (d) providing services that meet patient needs; (e) managing its programmes, services, sites or departments effectively; and (f) having an organization-wide, integrated patient safety programme within its performance improvement activities.

Note: (1) Information on standards under "national patient safety goals" is based on the 2011 version of the standards while information on the other standards is based on the 2009 version. Information on the latest version of the other standards is not available.

Table 3 – Performance areas and examples of standards of the hospital accreditation scheme of The Joint Commission (cont'd)

Performance areas (number of standards)⁽¹⁾	Examples of standards
7. Life safety (18)	<ul style="list-style-type: none"> (a) Designing and managing the physical environment to comply with the Life Safety Code; (b) providing and maintaining building features to protect individuals from the hazards of fire and smoke; and (c) providing and maintaining fire alarm systems.
8. Medication management (21)	<ul style="list-style-type: none"> (a) Managing high-alert and hazardous medications safely; (b) selecting and procuring medications; (c) dispensing medications safely; and (d) monitoring patients to determine the effects of their medications.
9. Medical staff (25)	<ul style="list-style-type: none"> (a) Collecting information regarding each practitioner's current licence status, training, experience and competence; (b) the organized medical staff overseeing the quality of patient care, treatment and services provided by practitioners privileged through the medical staff process; and (c) the organized medical staff participating in organization-wide performance improvement activities.
10. National patient safety goals (18)	<ul style="list-style-type: none"> (a) Using at least two patient identifiers when providing care, treatment and services; (b) reporting critical results of tests and diagnostic procedures on a timely basis; (c) maintaining and communicating accurate patient medication information; (d) implementing evidence-based practices for preventing surgical site infections; and (e) identifying patients at risk for suicide.
11. Nursing (5)	<ul style="list-style-type: none"> (a) The nurse executive directing the delivery of nursing care, treatment and services; and (b) the nurse executive being a licensed professional registered nurse qualified by advanced education and management experience.
12. Performance improvement (4)	<ul style="list-style-type: none"> (a) Collecting data to monitor performance; (b) compiling and analyzing data; and (c) improving performance on an ongoing basis.

Table 3 – Performance areas and examples of standards of the hospital accreditation scheme of The Joint Commission (cont'd)

Performance areas (number of standards) ⁽¹⁾	Examples of standards
13. Provision of care, treatment and services (68)	<ul style="list-style-type: none"> (a) Accepting a patient for care, treatment and services based on its ability to meet the patient's needs; (b) assessing and reassessing the patient and his or her condition according to defined time frames; (c) planning the patient's care; (d) recognizing and responding to changes in the patient's condition; (e) co-ordinating the patient's care, treatment and services based on patient's needs; (f) using restraint or seclusion safely; (g) having a process that addresses the patient's need for continuing care, treatment and services after discharge or transfer; and (h) providing blood and blood components safely.
14. Record of care, treatment and services (11)	<ul style="list-style-type: none"> (a) Maintaining complete and accurate medical records for each individual patient; (b) authenticating entries in the medical record; and (c) containing information that reflects the patient's care, treatment and services in the medical record.
15. Rights and responsibilities of the individual (14)	<ul style="list-style-type: none"> (a) Respecting, protecting and promoting the patient's rights; (b) respecting the patient's right to receive information in a manner he or she understands; and (c) the patient and his or her family having the right to have complaints reviewed by the hospital.
16. Transplant safety (5)	<ul style="list-style-type: none"> (a) Developing and implementing written policies and procedure for donating and procuring organs and tissues; and (b) complying with organ transplantation responsibilities.
17. Waived testing (5)	<ul style="list-style-type: none"> (a) Having current, approved and readily available policies and procedure for waived tests; and (b) performing quality control checks for waived testing on each procedure.

Sources: The Joint Commission (2010b), *The Joint Commission* (2011) and The Joint Commission on Accreditation of Healthcare Organizations (2009).

3.6 In addition to TJC, the Healthcare Facilities Accreditation Program ("HFAP")²¹ and Det Norske Veritas Healthcare Inc. ("DNV")²² are accrediting organizations granted with "deeming" authority by CMS for hospital certification. HFAP and DNV apply their own sets of standards in their accreditation schemes but detailed information on their accreditation standards is not available.

4. Hospital accreditation scheme in Taiwan

4.1 In Taiwan, there were 514 hospitals in 2009, of which 80 were public hospitals and 434 were private hospitals²³. Hospital accreditation in Taiwan began with the accreditation of teaching hospitals by the Department of Education and the Department of Health ("DOH") in 1978. DOH enacted the *Medical Care Act* (醫療法) in 1986 providing for government regulation of hospital accreditation. In 1988, DOH assumed the responsibility of accrediting hospitals in Taiwan. The number of hospitals applying for accreditation increased from 122 in 1988 to 493 in 1990 after the government introduced the requirement for hospitals to be accredited in order to participate in the National Labor Insurance Scheme²⁴.

²¹ HFAP was founded in 1945 and was granted "deeming" authority for hospital certification in 1965. HFAP provides accreditation services to healthcare service providers such as hospitals, ambulatory care facilities and physical rehabilitation facilities.

²² DNV is part of a Norway-based foundation that provides third-party assessment and certification services. DNV was granted "deeming" authority for hospitals by CMS in 2008 and has accredited some 200 hospitals in the US since then.

²³ 中華民國統計資訊網(2011)。

²⁴ The National Labor Insurance Scheme provides maternity, injury or sickness, permanent disability, old-age, death and occupational accident medical benefits to employees who join the scheme on a compulsory or voluntary basis.

4.2 In 1999, DOH appointed the Taiwan Joint Commission on Hospital Accreditation ("TJCHA")²⁵, a non-governmental organization founded in the same year under the sponsorship of DOH and a number of non-governmental medical groups²⁶, to accredit hospitals in Taiwan on its behalf. Between 2007 and 2010, TJCHA surveyed over 120 hospitals per year, and awarded accreditation status to over 98% of the surveyed hospitals.

4.3 The hospital accreditation scheme of TJCHA involves an on-site survey conducted by a team of TJCHA surveyors who will assess the performance of a hospital according to a set of standards developed by TJCHA and approved by DOH. TJCHA may conduct follow-up visits to hospitals to monitor progress in addressing issues identified in the previous survey and assist them in implementing improvements.

4.4 TJCHA awards three categories of accreditation to hospitals according to their level of performance against the accreditation standards, namely, "outstanding", "excellent" and "qualified". The "outstanding" and "excellent" accreditation awards are valid for four years, and the "qualified" accreditation award is valid for three years. All accreditation decisions of TJCHA have to be confirmed by DOH.

4.5 TJCHA has regularly reviewed the hospital accreditation standards to keep them relevant and up-to-date. TJCHA commenced a review of the standards in 2009 and has recently introduced a new set of standards comprising 238 standards under 17 performance areas for accrediting hospitals (excluding psychiatric hospitals) from 2011 onward. The performance areas and examples of the standards²⁷ of the 2011 TJCHA hospital accreditation scheme are shown in **Table 4**.

²⁵ TJCHA aims at promoting and executing healthcare quality policies and enhancing the management of healthcare organizations in Taiwan. Its functions include accrediting and certifying healthcare service providers such as hospitals, psychiatric rehabilitation institutions, and psychiatric nursing homes; organizing education and training programmes for healthcare professionals; and organizing events related to healthcare quality.

²⁶ The sponsors of TJCHA are DOH, the Taiwan Medical Association, Taiwan Hospital Association, and Taiwan Non-governmental Hospitals and Clinics Association.

²⁷ Owing to the significant number of standards involved, only selected examples of standards, including standards similar to those adopted in the pilot scheme in Hong Kong, are shown in Table 4 to provide an overview on the scope of standards covered in the hospital accreditation scheme of TJCHA.

Table 4 – Performance areas and examples of standards of the hospital accreditation scheme of the Taiwan Joint Commission on Hospital Accreditation

Performance areas (number of standards)	Examples of standards
1. Management of hospital	
1.1 Operation strategy (15)	(a) Having appropriate goals and service plans; (b) improving service quality, patient safety and operation effectiveness proactively; (c) complying with law; and (d) promoting health of the community.
1.2 Staff management and support system (11)	(a) Having a sound human resources system; (b) specifying the duties and responsibilities of each department clearly; and (c) providing an appropriate working environment.
1.3 Human resources management (16)	(a) Having an appropriate manpower level for doctors; (b) allocating an appropriate number of nursing staff for different medical services and wards; (c) having appropriate manpower structure and level for the pharmacy ⁽¹⁾ ; (d) having appropriate manpower structure and level for providing medical testing and clinical services; and (e) managing external service providers appropriately.
1.4 Staff education and training (11)	(a) Covering patients' rights, medical safety, infection control and crisis management etc. in staff training courses; (b) setting staff education and training plan; and (c) promoting professional competence of staff.
1.5 Management of patient records, information and communication (13)	(a) Having a sound medical record management system; (b) reviewing the medical records; and (c) setting information management regulations to ensure that privacy of the patients is protected.
1.6 Safe environment and facilities (14)	(a) Providing a safe and clean ward environment; (b) providing a safe working environment for staff by setting regulations on safety management; and (c) inspecting and maintaining facilities regularly.

Note: (1) Standards (a), (b) and (c) under human resources management are mandatory standards that must be fulfilled by all accredited hospitals.

Table 4 – Performance areas and examples of standards of the hospital accreditation scheme of the Taiwan Joint Commission on Hospital Accreditation (cont'd)

Performance areas (number of standards)	Examples of standards
1. Management of hospital (cont'd)	
1.7 Patient-oriented services and management (13)	(a) Providing health education and service information; (b) handling feedback and complaints of patients and family members; and (c) analyzing and reviewing patients' service waiting time.
1.8 Crisis and emergency management (9)	(a) Setting a mechanism for handling critical incidents; and (b) establishing a crisis management system.
2. Provision of care and treatment	
2.1 Responsibilities to patients and family members (14)	(a) Setting policies and regulations to protect patients' rights; (b) communicating with patients on their health conditions and care and treatment plan; and (c) protecting patients' privacy and rights when providing care, treatment and tests.
2.2 Quality management (8)	(a) Setting a quality management and patient safety plan; (b) evaluating services against quality control indicators; and (c) setting regulations on the handling and reporting of medical incidents.
2.3 Provision of care and treatment (19)	(a) Recording patients' treatment and changes in health conditions in detail; (b) ensuring continuity of care when transferring patients; (c) providing reasonable length of care; and (d) providing appropriate information and guidance to patients.
2.4 Provision of specialist care (28)	(a) Having appropriate manpower level and training for the emergency department; (b) setting an appropriate supporting system for providing emergency care; (c) having appropriate organization structure and manpower level for the intensive care wards; and (d) setting a mechanism for managing the facilities of the respiratory care wards.

Table 4 –Performance areas and examples of standards of the hospital accreditation scheme of Taiwan Joint Commission on Hospital Accreditation (cont'd)

Performance areas (number of standards)	Examples of standards
2. Provision of care and treatment (cont'd)	
2.5 Medication safety (15)	(a) Setting measures to prevent inappropriate or wrong prescriptions; (b) providing the right medicines to the right patients; and (c) providing appropriate information on medicines.
2.6 Anaesthesia and surgery (15)	(a) Having appropriate department structure and manpower level; (b) having appropriate measures to handle emergency surgery; (c) having a patient identification procedure and ensuring that the correct surgery is conducted; and (d) making detailed records.
2.7 Infection control (15)	(a) Establishing a dedicated infection control unit staffed with an adequate number of qualified professionals; (b) compiling and updating an infection control manual covering the mechanisms to prevent and handle infection; (c) reviewing infection incidents; and (d) having a mechanism to monitor the environment and medical facilities.
2.8 Operations related to medical tests, pathology and radiology (15)	(a) Having appropriate testing facilities; (b) setting an appropriate medical testing procedure; (c) having an appropriate procedure to manage blood supply; and (d) setting an appropriate radiological treatment procedure.
2.9 Preparation for discharge and provision of continuous care (7)	(a) Providing appropriate transfer of care; (b) preparing a post-discharge care plan according to patient's needs; and (c) providing appropriate home care services.

Source: 財團法人醫院評鑑暨醫療品質策進會(2011)。

Appendix

Major hospital accreditation schemes and the corresponding standards in selected overseas places and Hong Kong

	Hong Kong	Australia	The United States	Taiwan
Number of hospitals	41 public hospitals and healthcare institutions and 12 private hospitals as at 2011.	753 public and 573 private hospitals in 2009-2010.	5 815 hospitals as at 2008, of which the majority were operated by non-governmental or private organizations.	80 public and 434 private hospitals in 2009.
Number of hospitals accredited	Five public hospitals and three private hospitals accredited under the pilot hospital accreditation scheme.	<ul style="list-style-type: none"> • 93% of public hospital beds accredited as at June 2010. • 84% of private hospital beds accredited in 2008-2009. 	Over 80% of hospitals accredited.	Information not available.
Major accreditation schemes	The pilot scheme developed in partnership with the Australian Council on Healthcare Standards ("ACHS").	<p>The Evaluation and Quality Improvement Programme ("EQuIP") of ACHS.</p> <p>The Australian Commission on Safety and Quality in Health Care ("ACSQHC") has proposed to introduce a national accreditation scheme for all types of healthcare service providers in 2011.</p>	The hospital accreditation scheme of the Joint Commission ("TJC").	The hospital accreditation scheme of the Taiwan Joint Commission on Hospital Accreditation ("TJCHA").

Appendix (cont'd)

Major hospital accreditation schemes and the corresponding standards in selected overseas places and Hong Kong

	Hong Kong	Australia	The United States	Taiwan
Standards or performance areas assessed in the major accreditation schemes	<p>The 13 standards adopted in the pilot scheme in Hong Kong are:</p> <ul style="list-style-type: none"> • continuity of care; • access; • appropriateness; • effectiveness; • safety; • consumer focus; • quality improvement and risk management; • human resources management; • information management; • population health; • research; • leadership and management; and • safe practice and environment. 	<p>The 13 EQuIP Standards of ACHS are the same as the standards adopted in the pilot scheme in Hong Kong.</p> <p>The 10 national safety and quality health service standards proposed by ACSQHC for the national accreditation scheme are:</p> <ul style="list-style-type: none"> • governance for safety and quality in health service organizations; • partnering for consumer engagement; • healthcare associated infections; • medication safety; • patient identification and procedure matching; • clinical handover; • blood and blood product safety; • prevention and management of pressure ulcers; • recognizing and responding to clinical deterioration in acute health care; and • preventing falls and harm from falls. 	<p>The 17 performance areas assessed in the TJC accreditation scheme are:</p> <ul style="list-style-type: none"> • environment of care; • emergency management; • human resources; • infection prevention and control; • information management; • leadership; • life safety; • medication management; • medical staff; • national patient safety goals; • nursing; • performance improvement; • provision of care, treatment and services; • record of care, treatment and services; • rights and responsibilities of the individual; • transplant safety; and • waived testing. 	<p>The 17 performance areas assessed in the TJCHA accreditation scheme are:</p> <ul style="list-style-type: none"> • operation strategy; • staff management and support system; • human resources management; • staff education and training; • management of patient records, information and communication; • safe environment and facilities; • patient-oriented services and management; • crisis and emergency management; • responsibilities to patients and family members; • quality management; • provision of care and treatment; • provision of specialist care; • medication safety; • anaesthesia and surgery; • infection control; • operations related to medical tests, pathology and radiology; and • preparation for discharge and provision of continuous care.

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