



EXPERIENCE PAPER

The new methods of accreditation and external survey by ONA: The best practices for Virtual Survey

www.ona.org.br



The New Methods of Accreditation and External Survey by ONA: The best practices for Virtual Survey

Fabio Leite Gastal¹, Péricles Góes da Cruz², Gilvane Lolato³, Alexia Mandolesi⁴, Flávia Ferreira⁵, Elenara Ribas⁶, Mônica Castro⁷

¹President from National Accreditation Organization

²Tecnical Superintendent National Accreditation Organization

³Operational Manager National Accreditation Organization

⁴Brazilian Institute for Excellence in Health. Certified Institution Accredited Brazilian National Accreditation System by ONA

⁵Carlos Alberto Vanzolini Foundation. Certified Institution Accredited Brazilian National Accreditation System by ONA

⁶ Quality and safety Consultant

⁷Co-Owner of Innovare Consulting and Training Eireli

Abstract

In 2020, because of the extraordinary circumstances of the coronavirus pandemic, all health quality surveys were mandatorily suspended in Brazil and in many countries, and the processes had to be changed in a short time. Due to this scenario, there was a consensus in developing an alternative technical proposal for the maintenance of the surveys, based on virtual tools, to reduce risks and costs for clients. Therefore, ONA (National Accreditation Organization) needed to develop a model that does not discredit national methodology, ensure technical quality, and reduces costs for the accredited health institutions that were in difficult economic situations during the pandemic. The objectives of the article are to describe the new methodology for the accomplishment of virtual surveys based on ONA model for accrediting health institutions in Brazil and the established rules and guidelines for performing the virtual surveys. The workflow that was implemented passed through the following steps: risk analysis, virtual evaluation decision, report submission, virtual visitation approval, client preparation, scheduling and fee definitions, visitation programming, documents indexing, visitation report, certification committee analysis and ONA final technical analysis. Around 20 organisations participated in evaluation pilot tests. 40% were hospital, 20% ambulatory care, 10% hemotherapy, 10% diagnosis and 5% home care facilities. The region where most organisations were located was Southeast (42%), North (21%), Northeast (16%), Midwest (11%) and South (10%). Seventy-five percent (75%) of the evaluations were carried out in two (2) days and 90% followed up by ONA's team. As a result, there was a reduction in the financial impact to the institutions that compose SBA/ONA (Brazilian National Accreditation System by ONA). The cost of the virtual survey decreased considerably when analysed in comparison to the indirect costs related to transportation/travelling, accommodation, food, and ONA fee for on-site assessment.



Keywords: virtual survey; remote evaluation; external evaluation; accreditation; economic impact;
ONA



Introduction

The Brazilian National Accreditation System by ONA (SBA/ONA) emerged from the need to develop quality and safety standards for the accreditation of organisations providing healthcare services in all of Brazil. The Brazilian National Accreditation System (SBA/ONA) is independent, private, constituted in a representative way by members from various social segments related to health, civil society, and the Brazilian public and private health care system. It is also made up of a set of structures, processes, and institutions whose purpose is to make the accreditation process viable and trustable in Brazil.

The National Accreditation Organization (Organização Nacional de Acreditação - ONA) is responsible for developing and managing Brazilian health quality and safety standards. Its mission is to coordinate and manage the Brazilian National Accreditation System (SBA/ONA), as well as to encourage the health sector to improve its management process and the quality of services provided. ONA is an institutional member of the International Society for Quality in Health Care (ISQua). ISQua has members from academic institutions and health organisations from more than 100 countries. The partnership with ISQua is very important for the growth of the Brazilian Accreditation System, as it provides ONA with access to the latest trends and developments in external evaluation as well as networking opportunities with other external evaluation organisations. ONA is a member of the ISQua and ISQua External Evaluation Association (ISQua EEA) Boards and the ISQua EEA Accreditation Council. ONA will partner with ISQua to bring ISQua's international conference to Brazil for the second time in 2025.

The Brazilian National Accreditation System by ONA is structured with Accredited Accrediting Institutions (IACs) that are responsible for accrediting healthcare organisations, services and programmes in Brazil, in accordance with the procedures and methodology defined by ONA in the Guiding Norms and the Brazilian Accreditation Manual. The following are the current IACs: DNV GL Business Assurance Avaliações e Certificações Brasil Ltda, Fundação Carlos Alberto Vanzolini – FCAV, Instituto Brasileiro para Excelência em Saúde – IBES, Instituto de Acreditação Hospitalar e Certificação em Saúde – IAHCs, Instituto de Planejamento e Pesquisa para Acreditação em Serviços de Saúde – IPASS, Instituto Qualisa de Gestão – IQG, NCC Certificações do Brasil Ltda, THS Serviços Empresariais - TS4 Saúde, TÜV NORD Brasil Avaliações da Qualidade LTDA and Infinity Accreditation Healthcare

The overall objective of accreditation is to provide confidence to all parties that the health management system meets the specific requirements that provide patient safety and good quality of care. The value of accreditation is the degree of public trust established through a competent and impartial assessment carried out by a third party.

Health care organisations can achieve one of three levels of accreditation: Accredited with Excellence (Level 3), Fully Accredited (Level 2), Accredited (Level 1) or Non-Accredited.

Excellence (Level 3)	<p>LEVEL 3</p> <p>The health organisation complies with the principles of levels 1 and 2 and demonstrates an organisational culture of continuous improvement with institutional maturity.</p> <p>Certificate valid for three years.</p>
Fully Accredited (Level 2)	<p>LEVEL 2</p> <p>The health organisation complies with the principles of level 1 and has a planning and organisation system focused on integrated management.</p> <p>Certificate valid for two years.</p>
Accredited (Level 1)	<p>LEVEL 1</p> <p>The health organisation complies with the quality and safety standards established by ONA.</p> <p>Certificate valid for two years.</p>

Figure 1- Levels of accreditation

The virtual external evaluation process was tested in this specific context. The IACs were authorised to perform a virtual survey exclusively for the maintenance process. After six months of testing in maintenance surveys, the virtual survey model was officially established in the Brazilian Accreditation System. After that, ONA authorized the use of the virtual model for all types of accreditation assessments including first evaluation surveys, maintenance evaluation surveys and recertification surveys.

Objectives

This paper will:

- Describe the methodology for virtual surveys under the ONA model.
- Describe the established rules and guidelines for performing virtual surveys using the ONA methodology.

Methods

To guarantee the consistency of the project, ONA promoted discussion groups with participation of representatives of all partners of the National Brazilian Accreditation System by ONA (accredited and accrediting institutions, surveyors, professionals, members of the board and invited specialists).

Online meetings were undertaken to prepare the materials, with Technical ONLINE Squads being mobilised. Focus groups took place to develop new ideas and come to a consensus. After that, ONA prepared and submitted draft guidelines to the Risk Analysis Committee and to ONA's Board for final

deliberations. The methods used were essential to organise the further actions to be implemented. The steps undertaken were as follows:

- Development of the virtual survey model based on international GUIDELINES (referencing - International Society for Quality in Health Care External Evaluation Association (ISQua EEA), IAF - International Accreditation Forum, ISO – International Organization for Standardization). Periodic discussions on the suggested survey model.
- Virtual survey method validation.
- Testing of the proposed model.
- ONA Integrare System, responsible to manage the accreditation process, Parameterization for the proposed changes in the new model.
- Publication of the guideline with the rules of the virtual survey model.
- Development of a training course to prepare the team.
- Monitoring the results.

ONA's accredited accrediting institutions (IACs) were required to first conduct a risk analysis based on the risk matrix (described below) to determine if the healthcare organisation was in a favourable position to receive the virtual survey team.

First, the IACs analyse the risk of the health organisation considering the following items: if the organisation is of high, medium, or low complexity, whether the previous reports of the virtual visit presented noncompliance or important and critical adverse events, if there are important records related to complaints or manifestations, whether internal audits had critical notes and if the last evaluation of supplier performance was not satisfactory.

From the analysis of these risks and according to the score the IAC determines the suitability of the healthcare service provider to undergo a virtual survey:

- ≥ 15 - High Risk - Will not be subject to virtual survey.
- ≥ 10 - Medium Risk - Must submit for ONA evaluation through the ONA Integrare system.
- ≥ 9 – Low Risk – Authorised to undergo a virtual survey.

Risk = Probability + Impact

Medium (4)	High (5)	Critic (6)
Low (3)	Medium (4)	High (5)
Low (3)	Low (3)	Medium (4)

Figure 2 – Risk Analysis



The accrediting organisation must contact the client to provide them with information on the virtual survey, including the documentation that must be presented during the virtual meetings. It was particularly important that client organisations were notified about which subsections of ONA's standard they would be assessed against for the virtual survey.

ONA's Accredited Accrediting Institutions (IACs) were responsible for registering healthcare organisations for virtual surveys, scheduling the dates of the surveys and organising the virtual assessment process. ONA was responsible for issuing the evaluation fee with the equivalent amount to Virtual Survey Flow.

The lead surveyor performs the visitation schedule, selecting the subsections with non-compliant records from the last visitation, and the subsections that represent critical areas, totalling 50% of the subsections evaluated in the accreditation visitation.

The organisation should insert at the system: a document outlining how they have addressed the requirements rated as non-compliant and partially compliant in their last survey; evidence to confirm the execution of the proposed actions; records showing the maintenance of compliance with the requirements regarding the subsections related to the critical areas and/or subsections selected in the visitation schedule.

The first step of the survey is document analysis. In this process, the lead surveyor must analyse all requirements flagged as non-compliant and partially compliant and if the documents attached by the organisation suggest any evidence of improvement. The second step is the virtual survey itself. During the virtual survey the team of surveyors work together with the healthcare providers, analysing both the processes and the evidence. After that, the survey team analyses the records presented by the organisation and recommends (or not) their maintenance in the accreditation cycle.

The lead surveyor may request extra virtual meetings if required to clarify any queries that the team may have. The lead surveyor is responsible for returning the report for review and adjustments to the organisation within the survey period. If the organisation refuses to index any documentation due to internal information security policy, the document must be analysed by virtual access or video conference. This information should be recorded in the evaluation report.

All reports must be analysed by the ONA'S certification committee after the technical process has been undertaken by the Accredited Accrediting Institutions (IACs), who are responsible for analysing the consistency of all documents submitted by survey team, classification of requirements and the final recommendation by the surveyor team.

ONA is responsible for providing electronic system to facilitate the registration of all documentation and evidence to support the survey teams.

Results

The key milestones in the project were as follows:

- Virtual Survey Proposal Approval by Board of Directors - April 03rd, 2020
- Virtual Survey Model concluded – April 07th, 2020



- ONA Integrare System parameterization for the proposed changes in the new model – April 20th, 2020
 - Preparation of involved personnel – April 30th, 2020
 - New model implementation – May 04th, 2020

Around 20 organisations participated in evaluation pilot tests: 40% of these were hospitals, 20% ambulatory care, 10% hemotherapy, 10% diagnosis and 5% home care.

The region where most organisations were located was Southeast, as shown in the following table:

Region of Brazil	%
Southeast	42%
North	21%
Northeast	16%
Midwest	11%
South	10%

Most of the organisations were at Level 1 of ONA’s accreditation methodology and were considered of medium complexity.

Seventy-five percent (75%) of the evaluations were carried out in two (2) days and 90% followed up by the ONA team. As a result, there was a reduction in the financial impact to the institutions that compose SBA/ONA (Brazilian National Accreditation System by ONA). The cost of virtual survey decreased considerably when analysed in comparison to the indirect costs related to transportation/travelling, accommodation, food, and ONA fee for on-site assessment.

Discussion

The accreditation cycle of the ONA methodology consists of a first survey for accreditation and two others for maintenance surveys. Throughout the cycle, if IACs and the team of surveyors find some critical non-compliance, the extraordinary survey can be scheduled and carried out within 90 days of the last survey.

In the first six months of testing and implementation of the virtual survey, ONA only used the virtual survey methodology for on-site maintenance surveys. After six months of using the virtual survey methodology ONA, at the beginning of 2021, ONA began using the virtual assessment methodology for first certification and recertification surveys.

The performance of 20 virtual assessments demonstrated that the method is fully applicable to the ONA methodology, without losing the quality of the assessment, and security regarding the maintenance of the accreditation process.

According to the results of the 20 participating organisations, 55% of the organisations were at level 1 of the ONA methodology, 50% of medium complexity and 90% of low risk for performing the virtual survey. Considering the ONA accreditation cycle, 55% were in the second survey for ordinary maintenance and 45% were in the first survey for ordinary maintenance. Seventy-five (75%) of the

surveys were carried out in 2 days, because the characteristics of the organisations and their complexity, correlated with the ONA sizing standard.

Approximately 95% of the surveys were monitored by ONA's team.

In the final search with the participating organisations, 100% of the clients were informed and oriented about the use of survey technological tools. Only one organisation commented on difficulties in presenting evidence due to connection problems during the survey. Most customers understand that a "virtual survey" has the same reliability as on-site survey. There are some customers who still prefer on-site survey, and other organisations that have cited that a virtual survey is more demanding than an on-site survey. One of the clients cited that in the face of the pandemic, it was the best solution adopted. Regarding the permanence of the virtual survey, 85% of the clients approved, and 5 organisations specifically mentioned the financial advantages with this model.

According to the tests carried out and the information gathered, the technical team approved the continuation of the virtual assessment model for Maintenance survey visits, regardless of the feasibility or not of the on-site visit. ONA understands that this model can be applied to both cycles of regular maintenance, based on the risk assessment tool (low and medium risk). For extraordinary maintenance visits, it is possible to apply the virtual assessment model, based on established criteria and validation by ONA. It is also possible to evaluate suppliers, whether they are critical or not.

Performing virtual assessment can be done in both synchronous and asynchronous format. According to the tests carried out, the analysis of evidence proved to be effective and assertive when performed in the two ways, in real time with the organisation, through interviews, meetings, filming, sending photos, among others, in conjunction with the document analysis or using the asynchronous format.

According to the analysis of the test evaluation results, ONA did not recommend the mandatory sending of documents by the client, so that these documents were retained except documents referring to the action plan.

The tool applied for risk assessment proved to be viable, in identifying organisations suitable for assessment with the virtual model. A point of attention is that at least one of the members of the team of evaluators must have participated in the last on-site visit to the organisation, to ensure the continuity of the assessment of the organisation's performance.

Some possible barriers were identified, as follows:

- Non-approval of the virtual evaluation proposal by ONA's Board of Directors.
- Methodology loss of credibility.
- Loss of technical quality.
- Not having enough time to prepare the system for the new model.
- Not having enough time for a consistent preparation of the participants.
- Non-adherence of ONA Accredited Accrediting Institutions (IACs) to the model.
- Non-adherence by organisations during acute phases of the COVID-19 virus spread.
- Lack of infrastructure.

Conclusion

Based on this work it is possible to conclude that virtual surveys are essential to the system, because they facilitate the access of health care organisations that in the past couldn't do it.

The virtual survey also provides lower costs, better logistics and consequently the opportunity to the organisations to participate in an accreditation programme.

ONA has completed more than 2,400 surveys from March 2020 to March 2023. There is a technical consensus that after this process the team is more prepared and confident to perform the virtual survey. The health service provider organisations are as well prepared as the surveyors. The organisations realised that it was a good opportunity to improve the system and promote quality to the process and patient safety.

This initiative is very relevant in the Brazilian context, with a very large territory and very expensive logistics costs for the on-site evaluation process. The indirect cost is the strongest barrier for the health services in the small communities and in the poorer states. This new external virtual survey methodology makes it possible to extend the capacity to expand the accreditation services to new health services clients and populations.

Appreciation

We thank the board, leadership, and ONA team for carrying out the work, as well as the ONA board of directors, Accredited Accrediting Institutions (IACs) and evaluators, for allowing the implementation of remote evaluation. And a special thanks to our dear teacher Priscilla Lambach.

References

IAF Informative Document for Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations: Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations; (IAF ID 3: 2011).

IAF Informative Document: Principles on Remote Assessment; Issued: 23 December 2015 Application Date: 23 December 2015 IAF ID 12:2015 Issue 1.

Guidelines and Standards for External Evaluation Organisations: 5th edition Version 1.0, September 2018.