TÜSKA

TÜRKİYE HEALTH CARE QUALITY AND ACCREDITATION INSTITUTE

Prepared By :

EXPERIENCE PAPER

"TÜRKİYE HEALTH CARE QUALITY AND ACCREDITATION INSTITUTE REMOTE SURVEY PRACTICES EXPERIENCE"

www.tuska.tuseb.gov.tr

Türkiye Health Care Quality and Accreditation Institute

Remote Survey Practices Experience

Authors:
Assoc. Prof. Dr. İbrahim Halil KAYRAL
MSc. Didem İNCEGİL
Prof. Dr. Figen ÇİZMECİ ŞENEL

1. OBJECTIVE:

The Health Institute of Türkiye (TÜSEB) was established in 2015 and its main aim is to produce knowledge in the field of health science and technology. In the same year, Türkiye Health Care Quality and Accreditation Institute (TÜSKA) was established to undertake accreditation activities in health services. TÜSKA is considered to be human-focused, impartial, trustworthy, transparent, sustainable, respectful to ethical and cultural values and beliefs, and to provide stakeholder engagement by creating values. Within the scope of its tasks, TÜSKA plans quality and accreditation studies aimed to both continuously improve the quality of the health institutions that operate in Türkiye and to contribute to the improvement of the quality of international health services. As a member of ISQua (International Society for Quality in Health Care), which is an umbrella organisation for quality and accreditation organisations around the world, TÜSKA aims to be the international brand of Türkiye in the field of quality and accreditation in health services.

The main activities of TÜSKA are to provide scientific contribution to the Ministry of Health in the process of establishing the quality and accreditation rules for health services in cooperation with higher education institutions and private sector, accrediting health institutions at national and international level, making mutual recognition agreements with international and regional accreditation organisations. TÜSKA's vision is to be a "*leading institution in health and safety in the national arena*", it develops and implements accreditation programmes and quality improvement systems that will continuously improve quality standards in health care services. The Institute also currently carries out and supports scientific studies and research projects.

TÜSKA has carried out a series of activities to support the implementation of remote accreditation surveys since 2018 including scientific studies, eye tracking project and pilot applications. With the emergence of the COVID-19 pandemic in 2020, to ensure sustainability of the accreditation process, TÜSKA included remote survey applications in its accreditation system and accreditation programmes. The aim was to improve the effectiveness of national and international accreditation surveys by using a remote survey methodology.

In this article, the application of remote survey methodology as part of TÜSKA interim surveys for accreditation of health care service providers is explained. Based on this experience, advantages and disadvantages of remote surveys and aspects that need to be developed are examined.

1.1. TÜSKA Standards for Accreditation In Health Sets And Implementation Method

TÜSKA has five Standards of Accreditation in Health (SAS) Sets;

1- SAS Hospital Set
2- SAS Oral and Dental Health Services Set
3- SAS Laboratory Accreditation Set
4- SAS Hemodialysis Centers Set
5- SAS Outpatient Health Services Set

All five sets of TÜSKA standards are accredited by the ISQua External Evaluation Association (ISQua EEA). TÜSKA's Surveyor Training Programme is also accredited by ISQua EEA. TÜSKA has about 130 multidisciplinary Health Accreditation Surveyors.

Implementation of the Accreditation Standards in Health (SAS) requires a two-stage perspective, from the perspective of health care organisations and TÜSKA. The view from the perspective of health care organisations is to obtain evidence-based outputs by applying each standard in line with principles of standard application method. From the perspective of TÜSKA; within the scope of the accreditation survey method, it is related to the collection of evidence regarding conformity/non-conformity of the standards and as a result determination of the level at which an organisation/service meets the standards. In an accreditation survey process, application of the standards by looking at these two windows together is the main key to success of the health care organisation in obtaining accreditation.

The main purpose of standards; is to facilitate the implementation of evidence-based practices by fully analysing the requirements of standards and fulfilling all requirements. Evidence of standards will be the key indicators that will determine whether standards are appropriate or inappropriate.

Organisations undertake a self-assessment exercise outlining how they are meeting the requirements of the standards. In the TÜSKA accreditation survey process; determination of the level of compliance with the standards is determined by outputs (evidence) showing the implementation status of the standards, similar to the self-evaluation process. The level of satisfaction decision is determined in line with criteria of meeting the required level by using evidence collection principles and evidence collection techniques regarding standards. It is an important key for success of accreditation that health care organisations make their self-evaluation of SAS in line with the techniques and principles that are essential in accreditation survey method.

TÜSKA
TÜRKİYE HEALTH CARE QUALITY AND ACCREDITATION INSTITUTE

Categories for met level of standards/evaluation criteria are as described below:

1. **Met (M):** If there is no nonconformity or even if it exists, it may be decided that it is met as a result of the evaluation made within the scope of the Nonconformity Definition Criteria. When there is a nonconformity, the decision of met can be made in cases where the frequency of the existing nonconformity is low, area of influence is individual and low risk level according to the definitions specified in the Matrix.
2. **Partially Met (PM):** As a result of the evaluation made within the scope of the Nonconformity Definition Criteria, the Partially Met decision can be given. When there is a nonconformity, the decision of partially met can be made in cases where the frequency of the existing nonconformity is middle or high, area of influence is sometimes individual, sometimes systematic and low or middle risk level according to the definitions specified in the Matrix.
3. **Not Met (NM):** As a result of the evaluation made within the scope of the Nonconformity Definition Criteria, the decision of Not Met can be given. When there is a nonconformity, the decision of not met can be made in cases where the frequency of the existing nonconformity is middle or high, area of influence is generally systematic and middle or high risk level according to the definitions specified in the Matrix.

Level of Frequency: When analysed in the context of the evaluated sample, it is the frequency of noncompliance with the standard/evaluation criterion within the sample. If the frequency of the nonconformance in the sample being evaluated is: • No or rare nonconformances (5% or lower in the selected sample): **LOW** • Infrequent (Between 6-15% in the selected sample): **MEDIUM** • Very frequent (16% or higher in the selected sample): **HIGH**
Impact Level: Means the determination of whether the identified nonconformances concerning the standard are individual or confined to a limited area or are influential at an institutional and systemic level. • If the nonconformance is individual or occurs in a considerably limited area: It is identified to be **INDIVIDUAL.** Individual nonconformances usually occur due to the employees' inattention, negligence, failure to comply with the requirements of their occupations, or other causes that stem from another external factor. They usually include issues originating from employees or other external factors, which are not covered under the system designed and implemented by the institution or organisation, and additionally, for which the institution or organisation cannot be held responsible

• If the nonconformance is influential at an institutional or systemic level: It is identified to be ***SYSTEMATIC.*** Nonconformances concerning the organisation, execution, supervision of the system designed by the institution, or the organisation fall within this scope.
Magnitude of Risk: Expresses the relation, to patient and employee safety, of the identified nonconformances concerning the standard. Nonconformances considered in this context are those directly related to safety, however the highest potential of the adversity is taken into consideration. • If there are no/very few adversities with regard to patient and employee safety (outpatient treatable adversities at the most): **LOW** • If the nonconformance is partially adverse with regard to patient and employee safety (adversities that are not lethal or serious, and will not cause chronic adversities): **MEDIUM** • If the nonconformance is very adverse with regard to patient and employee safety (adversities that may be chronic, leave sequelae, be serious, or lethal): **HIGH**

Each nonconformance is defined in accordance with the Level of met Level Criteria and the intersection zones of these judgments are identified in the matrix below concerning level of met for evaluation criterion. Zones identified direct opinion of survey team, and under light of unary and binary judgments in matrix, a judgment on level of met is made while taking into consideration level of met for standard, relevant section of standard set, and even those other sections that are relevant; that is, from a holistic point of view. (Figure.1)

<table>
<tr><th>FACTOR</th><th>SEVERTIY LEVEL</th><th colspan="2">MEETING LEVEL*</th><th>SEVERTIY LEVEL</th><th>FACTOR</th></tr>
<tr><td rowspan="9">RISK LEVEL</td><td>HIGH</td><td>NM</td><td>NM</td><td rowspan="3">HIGH</td><td rowspan="9">FREQUENCY</td></tr>
<tr><td>MEDIUM</td><td>NM / PM</td><td>NM</td></tr>
<tr><td>LOW</td><td>M /PM</td><td>NM/ PM</td></tr>
<tr><td>HIGH</td><td>PM / NM</td><td>NM</td><td rowspan="3">MEDIUM</td></tr>
<tr><td>MEDIUM</td><td>M / PM</td><td>NM / PM</td></tr>
<tr><td>AZ</td><td>M</td><td>NM / PM</td></tr>
<tr><td>HIGH</td><td>M / PM</td><td>NM</td><td rowspan="3">LOW</td></tr>
<tr><td>MEDIUM</td><td>M</td><td>NM / PM</td></tr>
<tr><td>LOW</td><td>M</td><td>M / PM</td></tr>
<tr><td rowspan="2">FACTOR</td><td>SEVERTIY LEVEL</td><td>INDIVIDUAL</td><td>SYSTEMATIC</td><td>SEVERTIY LEVEL</td><td rowspan="2">FACTOR</td></tr>
<tr><td colspan="4">IMPACT LEVEL</td></tr>
</table>

NM: Not Met, PM: Partially Met, M: Met
*The colourless boxes in the Level of met Level Judgment are decided by the opinion of the self-assessment team. The matrix prioritizes the first judgment for the assessors.

Figure.1: Evaluation Criterion Level of Met

1.2. TÜSKA Accreditation Process

Health Care Organisations who wish to apply for accreditation and think they are ready, can apply whenever they want via *TÜSKAnet Management System*. The TÜSKA Accreditation Form must be filled at least 6 months before a survey request. When the application is approved by TÜSKA, Health Care Organisations must then complete a self-assessment report within a month. In the self-assessment report; if the standards are met at least 80%, a TÜSKA Accreditation survey can be scheduled. If standards are met by 79% or less, the process ends.

TÜSKA has three types of surveys: *Surveys, Interim Surveys and Re-Surveys*. Surveys refers to first time surveys and re-accreditation surveys are those which take place after the end of the three-year accreditation cycle. The assessment is undertaken to ascertain the organisation's level of compliance with the specified standards. The assessment comprises; examination, observation, one-to-one interviews and tracing. Within the scope of TUSKA health services accreditation programmes standards and criteria, evidence regarding the standards is obtained throughout survey. Evidence includes all kinds of information and documentary evidence that will enable the determination of the level of compliance with the standard during the survey process. If the organisation meets all standards, then it can be accredited. If standards are met at least eighty percent (80%), TÜSKA requests an *Action Plan* from the heath care organisation. If standards are met by seventy nine percent (79%) or less, the accreditation process ends. *Resurveys* are made for health care organisations for which an action plan is requested. If all standards are met at the resurvey, then the hospital can be accredited. Otherwise, the accreditation process ends at this stage. Organisations can correct the non-conformities and re-apply for accreditation after at least six months.

TÜSKA awards are for three (3) years once accreditation is awarded. However, every year, organisations must undergo an *Interim survey.* All standards' must be 'met' in an interim survey. If standards are all met (100%), accreditation continues. If Standards are met at least 80%, TÜSKA requests an Action Plan from the hospital. If standards are met by 79% or less, accreditation is withdrawn, and the process ends. Organisations can correct the non-conformities and re-apply for accreditation after at least six months. (Figure.2)

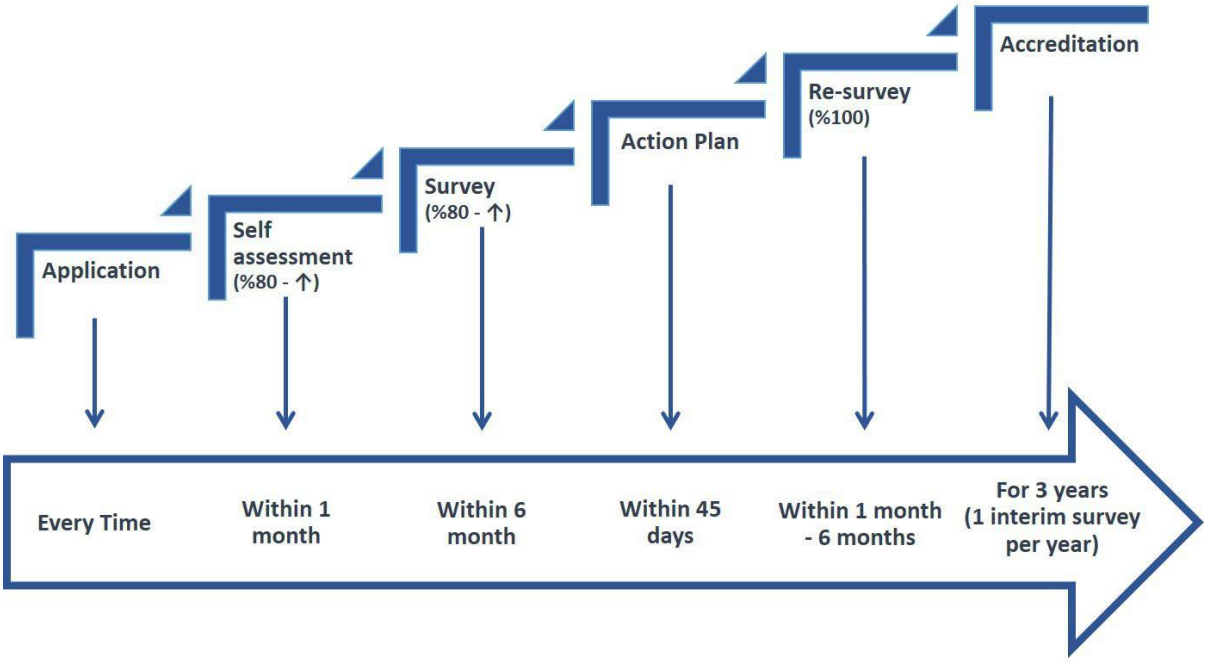

Figure.2: TÜSKA Accreditation Process Timeline

2. SITUATION

2.1. TÜSKA Remote Surveys

Before remote surveys began to be used in accreditation surveys during the Covid-19 pandemic, TÜSKA had carried out a series of activities to inform the remote accreditation survey methodology such as scientific studies, eye tracking project and pilot applications. Eye-tracking system is based on a device to track the movement of eyes to know exactly where a person is looking and for how long.

Mandatory travel restrictions which emerged during the COVID-19 pandemic led TÜSKA to focus on alternative survey methodologies instead of on-site survey practices to ensure the sustainability of its accreditation process and the safety of stakeholders involved in the process.
(Figure.3)

3

Figure.3: TÜSKA Eye Tracking Project

Remote surveying can be defined as a process in which surveyors combine information and communication technologies with data analytics to interact with the health care organisation being surveyed to evaluate accuracy of survey subject, to collect and report electronic evidence, in situations where it is not possible or necessary to be together physically.

3. BACKGROUND

3.1. Preparations for TÜSKA Remote Surveys

TÜSKA carried out a series of legislative regulations and pilot studies on surveyor training prior to the implementation of Remote Inspection Practices. For the realisation of remote surveys, TÜSKA processes were reviewed and necessary legislative arrangements were made. The TÜSKA remote inspection procedure was prepared.

3.2. Surveyor Trainings for TÜSKA Remote Survey Practices

Training was organised for Health Accreditation Surveyors to carry out the TÜSKA accreditation surveys remotely. The training encompassed the TÜSKA Remote Survey Procedure, the remote survey environment and experiences of surveyors who participated in the pilot training (Figure.4)

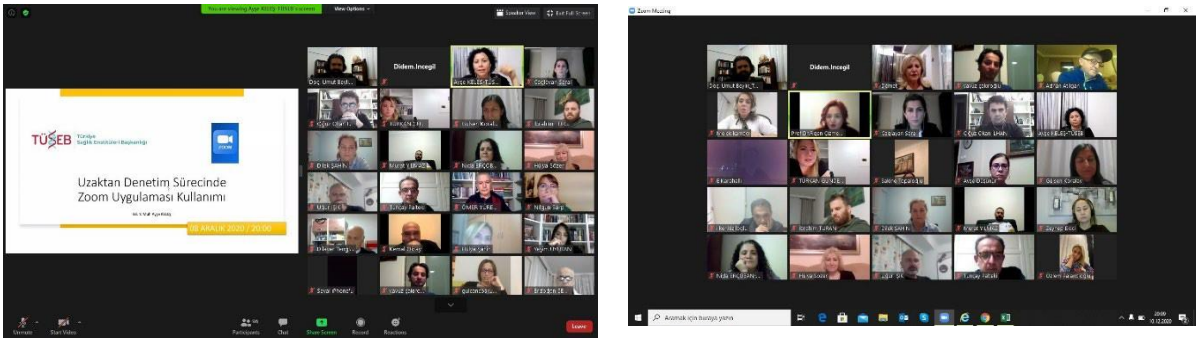

Figure.4: TÜSKA Surveyor Trainings About Remote Surveys

3.3. TÜSKA Remote Survey Process

Currently, all interim surveys of TÜSKA are carried out remotely. Interim surveys are undertaken by 3 Surveyors for 3 Days within the scope of the SAS Set. The health care organisation being assessed sends the documents requested within the scope of the SAS set to TÜSKA fifteen (15) days before their survey commences. Assigned Surveyors examine the information and documents of the health care organisation before the survey and evaluate them for the survey plan. Hospitals receive their survey plan one (1) week in advance. The survey plan outlines the dates and times on which each section of the standard set will be assessed.
The health care organisation being surveyed is responsible for providing devices (such as tablets) for each member of the survey team (3 surveyors). The tablets must work at a sufficient level of audio and video quality (by making backup planning) and ensure continuity of the entire survey process. During the survey process, these devices are used within the scope of surveyor team's guidance, according to the agreed survey plan. The internet infrastructure of the institution being surveyed (Wi-fi, mobile 4,5 G, etc.) must be provided at a required level in a way that does not disturb communication with sound and image quality in all relevant areas within the scope of survey activities.

In addition, non-mandatory ambient noise and other various communication barriers (headset, etc.) should be eliminated at maximum level during survey. The health care organisation being surveyed must assign three (3) members of staff to manage the remote survey process. Their role will include managing the devices and other infrastructure being used for the remote survey. In addition, they will participate on the interviews within the scope of the surveyor's directions, and support processes such as document and record review and observation. In areas where the technological infrastructure used for remote surveying is dangerous to use (in case of explosion, fire, etc.), remote surveying is not carried out, and the health care organisation is responsible for management of this process.

The remote survey is carried out through the Zoom programme, the Zoom accounts to be used are sent by TÜSKA to the survey team and health care organisation being surveyed. TÜSKA checks the

functionality of the remote surveying system at least once three (3) days before the survey commencement date in coordination with surveyors. This involves a sample document examination, field observation and interviews. Only TÜSKA records the remote survey process, these records cannot be used by individuals and institutions other than TÜSKA. Contact information of the survey team and officials of the health care organisation being surveyed are notified to the health care organisation and the TÜSKA survey team.

4. ASSESSMENT

Based on its experience with using a remote assessment methodology for its interim surveys TÜSKA has identified a number of situations and reasons why remote surveys may be preferable including:

1. Pandemic, political turmoil, etc. Situations where entry and exit to the country/region are restricted for reasons, traveling is difficult or dangerous.
2. Situations with a large number of facilities to be surveyed in a short time.
3. Technology and online access reduce costs and budgetary pressures.
4. Providing space, time and cost advantages.
5. Providing alternatives for situations where on-site surveys cannot be performed.
6. Contribution to expansion of available surveyor capacity.
7. Enabling effective review of documents, especially medical records and computer media
8. Strengthening document management of the healthcare institution

TÜSKA has also identified the following disadvantages of remote surveys:

1. Internet-related barriers) can create communication barriers between surveyors and the health institution.
2. Observation, interview and tracking techniques may be limited and there may be difficulties in evaluating situations perceived by some sense organs (smell, temperature, lighting, etc.).
3. Health institution may demonstrate favourable behaviours during the remote survey.
4. Those in the health institution may use remote control tools inadequately.
5. There may be areas that cannot be controlled (internet or device posing danger, not receiving internet).
6. Possible time difference between the health institution and the surveyor may lead to difficulty in concentration on the part of the surveyor.

With the COVID-19 pandemic TÜSKA for continuation of its sustainability in accreditation studies, started to use its previous studies on digital transformation and remote surveying practices in accreditation in 2020. TÜSKA uses remote surveys for its interim surveys, which has both positive and negative aspects. In addition to the development of technical equipment related to remote survey, it is thought that giving more theoretical and practical training to surveyors on remote surveys will

further improve the process. Further studies should be carried out and partnerships should be established to create a structure where organisations can present their own remote survey systems and standards, and where they can conduct surveys with systems developed for them, independent of common online platforms.

References:

- "Türkiye Health Care Quality and Accreditation Institute Standards Sets" 2024 https://www.tuseb.gov.tr/tuska/standards/all

- "Türkiye Health Care Quality and Accreditation Institute Web News" 2024 https://www.tuseb.gov.tr/tuska/

- "SAS HOSPITAL KIT" https://www.tuseb.gov.tr/tuska/uploads/standartlar/pdf/02-08-2022 62e8e81c36de8 sas_hastane_v3en.pdf