



International Society for Quality in Health Care
External Evaluation Association

Annual Report 2024



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Introduction

Welcome to the 2024 ISQua External Evaluation Association (ISQua EEA) International Accreditation Programme (IAP) Report.

This report presents a detailed overview of our activities over the past year, including updates on survey operations, key performance indicators, the surveyor workforce, and feedback from both clients and surveyors. It also features analyses of survey report ratings, surveyor recommendations, and highlights of exceptional performance.

In 2024, we were pleased to welcome new clients from Brazil, France, India, Indonesia, Rwanda, and the United States of America. A total of 42 surveys were delivered. This would not have been possible without the dedication and professionalism of our outstanding international peer review surveyors. We extend our sincere gratitude to each of them—their commitment and expertise are the cornerstone of our programme's success.

In October of this year, we were also excited to announce the launch of a newly updated website! We have redesigned the layout to enhance your experience and to make it easier for you to explore the pathways to joining the IAP.

We also conducted the inaugural surveys against our new Standards for Quality and Patient Safety Training Programmes, with two clients from Jordan and Lebanon successfully achieving accreditation. This programme is designed to evaluate continuous professional development courses and training programmes in quality, patient safety, and related areas. We look forward to expanding this important work with new clients in the year ahead.

Throughout 2024, we continued the revision of the 5th Edition of the Guidelines and Principles for the Development of Health and Social Care Standards. We are immensely grateful to all our clients and surveyors who generously contributed their invaluable insights and knowledge during this process. The new 6th Editions were formally approved at the end of 2024 with surveys commencing from 2025 onwards. These 6th Editions will be mandatory from July 1st 2026.

For more information about the IAP, please visit our website at www.ieea.ch or email us at support@ieea.ch. We look forward to another productive year supporting external evaluation organisations in their continuous quality improvement journeys.



2024 At A Glance



42

surveys

6

new clients



7

onsites



57

active surveyors



19

countries



13

new surveyors trained

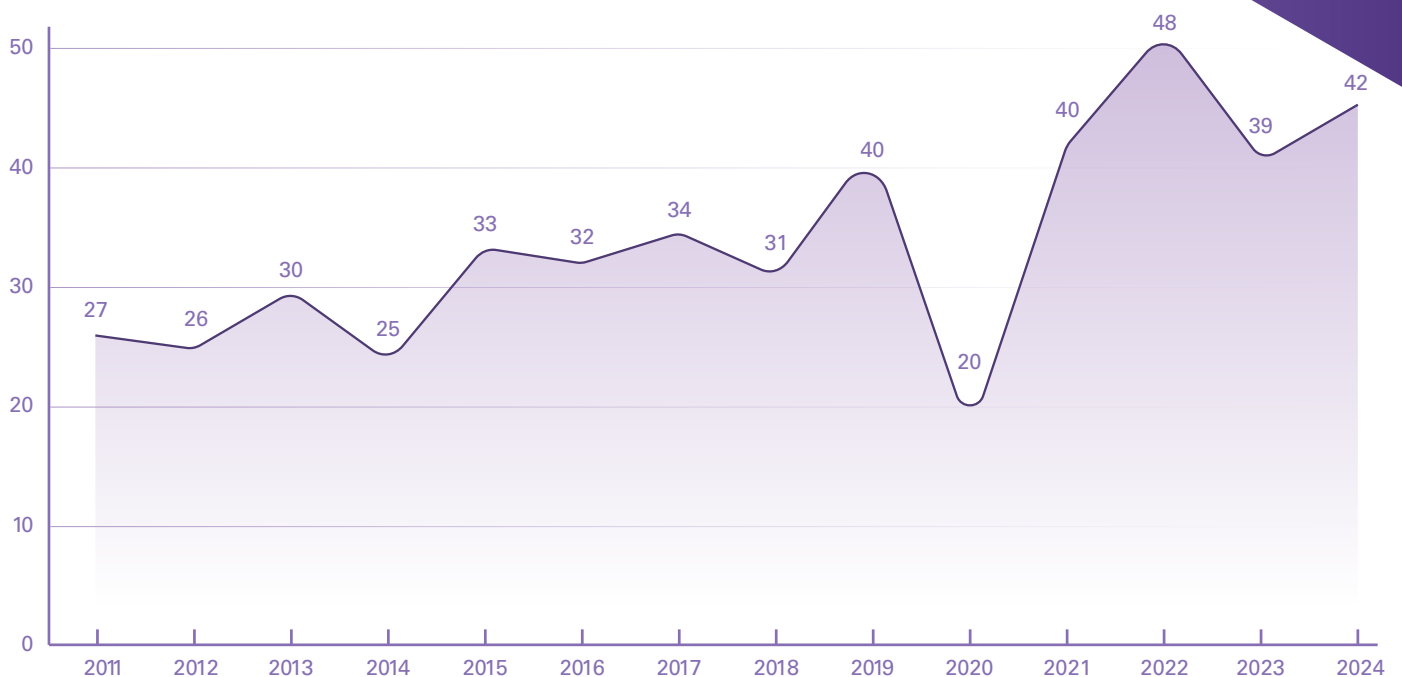


Survey Activity

Forty-two surveys were completed in 2024: 25 desktop standards surveys (Principles), eight desktop surveyor training programme surveys, two desktop quality and patient safety training programmes (NEW!), six onsite organisational surveys, and one combined onsite organisational and surveyor training programme survey. All organisational surveys were conducted as onsite assessments.

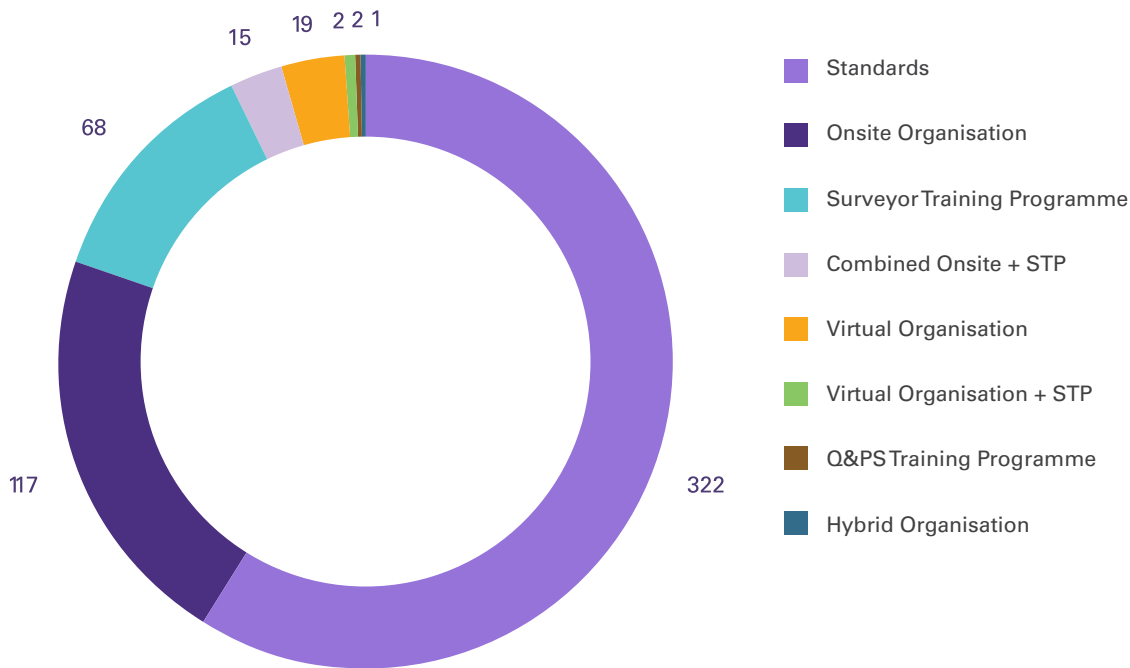


Total Surveys 2011-2024



Since the International Accreditation Programme (IAP) was established in 1999, there has been a total of 546 surveys. There have been 322 desktop standards surveys, 117 onsite organisational surveys, 68 desktop surveyor training programme surveys, two quality and patient safety training programme surveys, 15 combined onsite organisational and surveyor training programme surveys, 21 virtual/online organisational surveys (two of which included surveyor training programme surveys) and one hybrid survey (a combination of onsite and virtual/online).

Records from 1999-2024



ISQua EEA Team



Carsten Engel
CEO ISQua / ISQua EEA

Carsten Engel continues as the CEO of both ISQua and ISQua EEA, and Elaine O'Connor remains as the Head of Operations. Nicola McCauley-Conlan continues as Senior Accreditation Manager alongside Laura Boyne and Lisa Stowe (Accreditation Managers). Ciara Kavanagh is our IAP Coordinator.

At the end of 2024, we were very sorry to say farewell to one of our Accreditation Managers, Rachel Simpson, and we would like to wish her all the best in her future endeavours.



Elaine O'Connor
Head of Operations



Nicola McCauley-Conlan
Senior Accreditation Manager



Lisa Stowe
Accreditation Manager



Laura Boyne
Accreditation Manager



Ciara Kavanagh
IAP Coordinator

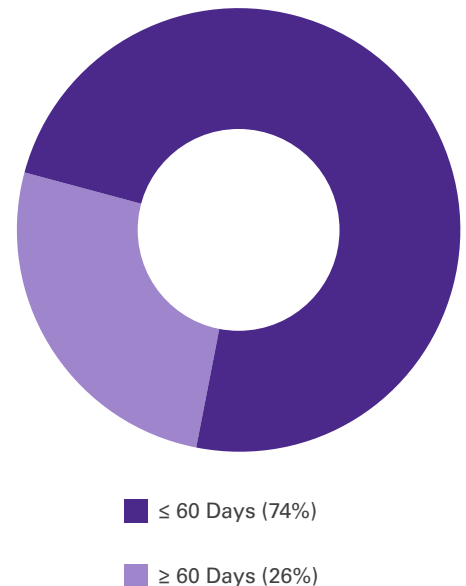
2024 Key Performance Indicators

We have three key performance indicators (KPIs): ISQua EEA Report Turnaround Time, ISQua EEA Surveyor Training and ISQua EEA Client Satisfaction.

KPI 1 – ISQUA EEA REPORT TURNAROUND – 95%

The report turnaround time measures the time from when the draft survey report is received to the time the survey report progress/informal notification is sent to the organisation notifying them of the next meeting date of the External Evaluation Award Committee

In total, 31 of the 42 final reports (74%) were turned around within the defined timeframe of 60 days, and therefore, the 95% KPI was not achieved this year. This was the same outcome as 2023. Reasons for report delays included: surveyor/surveyor family illness, surveyor workload, office closure over Christmas holidays, survey complexities and surveyor travel.



KPI 2 – ISQUA EEA SURVEYOR TRAINING ATTENDANCE – 100%

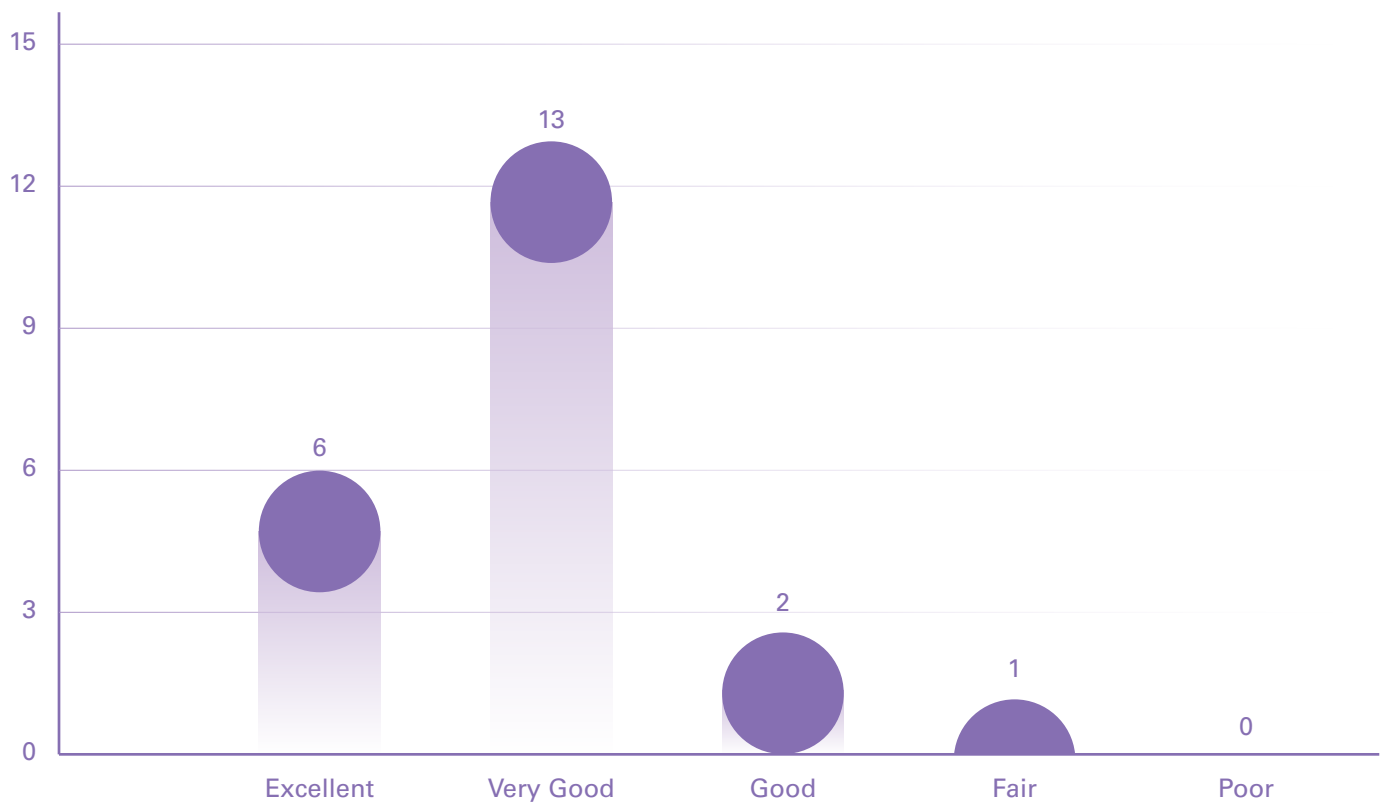
Although a number of new surveyors were trained this year, no formal surveyor update training was delivered, and this KPI is therefore not applicable for 2024. Update surveyor training will be delivered in due course for the new 6th Edition of the Guidelines and Principles for the Development of Health and Social Care Standards.

KPI 3 – ISQUA EEA CLIENT SATISFACTION – 95%

Client satisfaction is evaluated following each survey. Prior to receiving their final award decision, all client organisations are asked to complete a Survey Monkey questionnaire, which has one dedicated question relating to their overall satisfaction.

This KPI measures whether 95% of client organisations rate the survey process and our overall performance as good, very good or excellent. This KPI was achieved this year, with only one of the twenty-two respondents selecting Fair.

Overall Performance



Surveyor Participation

We are very grateful for our dedicated team of highly skilled international professionals who work with health and social care evaluation organisations around the world. We want to express our heartfelt appreciation to our dedicated surveyors, who generously contribute their time and expertise to our programme on a voluntary basis.

In 2024, there was a total of 42 surveys: 25 desktop standards surveys (Principles), eight desktop surveyor training programme surveys, two quality and patient safety training programme surveys, six onsite organisational surveys and one combined onsite organisational and surveyor training programme survey. Each team is typically composed of two-three international peer review surveyors.

OVERALL IAP ACTIVITY

We have been recruiting and training new surveyors, and a total of ten mentees were mentored in 2024. Thank you to all our experienced surveyors who assisted us with this process. These mentee activities were not considered as part of the overall IAP activity.

Fifty-seven surveyors completed IAP activities (surveys and/or Validation Reviews) this year. There was a total of 132 IAP activities (including surveys and Validation Reviews/Panels). The distribution of activities is demonstrated here:

IAP activity	No. of surveyors
1 IAP activity	16
2 IAP activities	18
3 IAP activities	14
4 IAP activities	7
5 IAP activities	2

VALIDATION REVIEWS

Validation Reviews are completed by experienced surveyors. Validation Panels (composed of two persons) are used when the survey team's decision is to defer an award or no award. Thirty-three Validation Reviews and four Validation Panels were conducted in 2024.



Analysis of 2024 Survey Reports - Recommendations

Guidelines and Principles for the Development of Health and Social Care Standards, 5th Edition

All sets of standards were assessed against the 5th Edition of the Guidelines and Principles for the Development of Health and Social Care Standards.

The chart below demonstrates the number of recommendations for each Principle for the 25 surveys completed against the 5th Editions. The most recommendations were identified for Principle 1: Standards Development. Please note that this chart does not consider the number of criteria per Principle.

Number of Recommendations per Principle - 5th Editions 2024



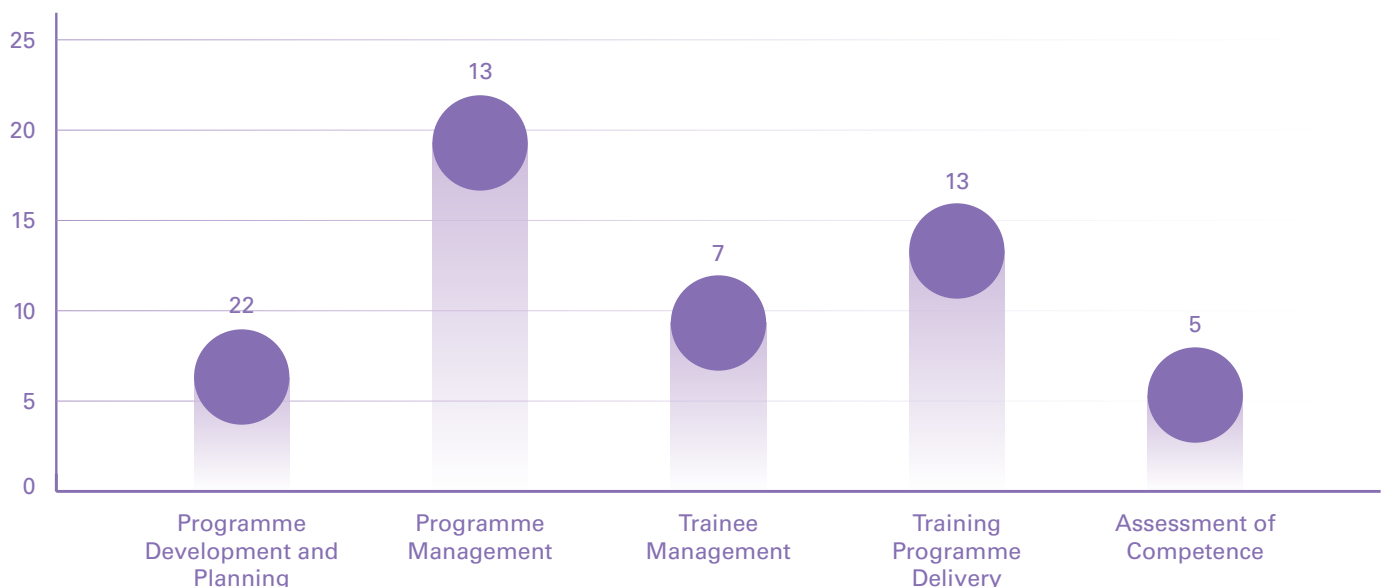
The following criteria received the most recommendations in 2024:

No.	Criterion	No. of Recommendations
2.4	Feedback on the measurement or rating methodology is collected from client organisations and surveyors to ensure that it is clear and understandable. The data are evaluated, and results are used to make improvements.	12
1.16	Feedback (including satisfaction of client organisations, surveyors and stakeholder groups) on the standards is obtained, documented and monitored on an ongoing basis. The data are analysed and evaluated to assist with improving the standards.	11
5.2	The standards require processes to receive and resolve ethical dilemmas in a defined timeframe.	10

Standards for Surveyor Training Programmes, 4th Edition

The chart below demonstrates the number of recommendations for each Standard for the eight desktop surveyor training programme surveys which took place in 2024 against the 4th Edition of the Standards for Surveyor Training Programmes. The most recommendations were identified in Standard 2: Programme Management. Please note that this bar chart does not consider the number of criteria per Standard.

Number of Recommendations per Standard - 4th Editions 2024



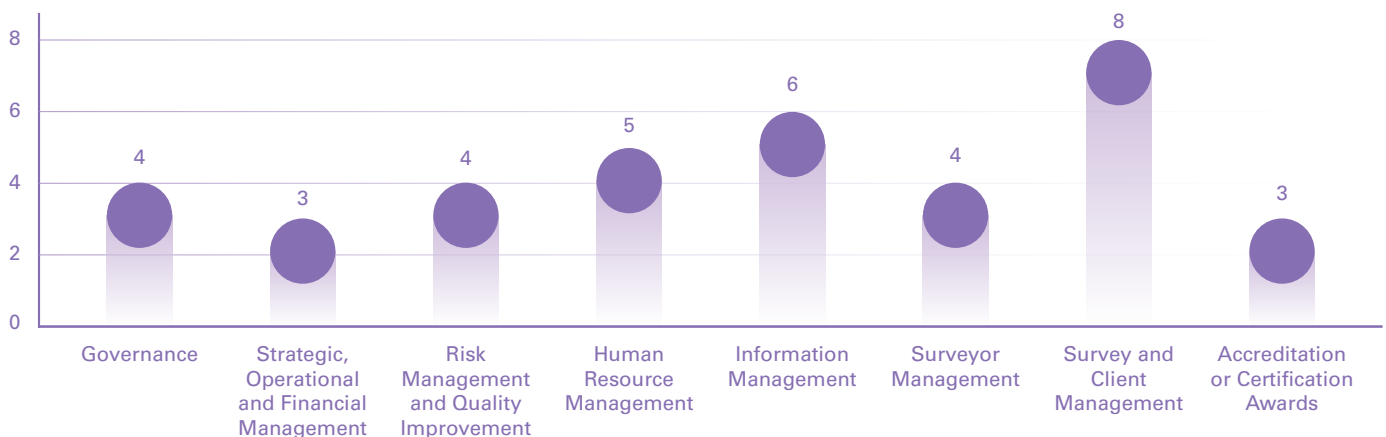
The following criteria received the most recommendations in 2024:

No.	Criterion	No. of Recommendations
2.1	Roles, responsibilities and authorities for the provision of the surveyor training programme are defined and documented.	4
3.1	Information is provided to trainees in relation to: a) participation requirements for the surveyor training programme including modes of delivery, IT requirements and any costs (direct and indirect) b) trainees' rights and responsibilities c) rights and responsibilities of the training organisation d) assessment arrangements e) programme outcomes f) continuing professional development (CPD) points (if applicable)	4
4.9	Feedback on each training session within the programme is: a) collected from trainees and trainers b) analysed c) used to identify and plan improvements to the overall surveyor training programme	4

Standards for External Evaluation Organisations, 5th Edition

All organisations were assessed against the 5th Edition of the Standards for External Evaluation Organisations. There was a total of seven organisational surveys, one of which was combined with a surveyor training programme survey. The latter survey type was not included in the below analysis. The most recommendations were identified for Standard 7: Survey and Client Management. Please note that this barchart does not consider the number of criteria per Standard.

Number of Recommendations per Standard - 5th Editions 2024



The following criteria received the most recommendations in 2024:

No.	Criterion	No. of Recommendations
4.2	Human resource planning includes the determination of the numbers and competencies of staff needed for the type and level of activity, and, for changes in workload	2
4.11	There is a process to regularly evaluate the ongoing performance and competency of all staff in line with their job descriptions.	2
5.2	The information management plan is reviewed and updated at defined intervals, and progress reports are provided to the governing body.	2
5.6	Safe data/information storage, back-up and recovery are ensured. Mechanisms are in place to support all organisational functions in case of unexpected failure or emergency.	2
6.7	There is on-going development of surveyors' skills with sessions being held on a regular basis	2
6.11	The effectiveness of the surveyor selection, orientation, training and development programme is evaluated, and results are used to make improvements to the management and development of surveyors.	2
7.16	The relationships with clients, and the support offered to them, are reviewed regularly and improvements made based on the evaluation and feedback provided.	2
8.3	A documented appeals process is in place for when the outcome of the survey is in dispute which: <ul style="list-style-type: none"> a) is communicated to client organisations, surveyors and other stakeholders b) has defined timeframes and responsibilities c) is led by individuals independent of the original survey process 	2



Analysis of 2024 Survey Reports – Exceptional Performance

Principles for the Development of Health and Social Care Standards, 5th Edition

The below table includes a sample of some of the areas of exceptional performance as identified for the desktop surveys of health and social care standards.

No.	Criterion	Detail
1.2	Any relationships with the standards of other organisations, and professional and regulatory requirements are identified and considered.	<i>The surveyors wish to commend the organisation for the wide incorporation of national and international standards, requirements, guidelines, and acts within the X.</i>
1.3	There is a process for the development or revision of standards which is supported by a plan that includes clearly defined activities, resources and timeframes.	<i>The organisation is commended on a very well-planned and detailed standards revision plan supported by a Gantt chart. The plan is comprehensive; the sequence is logical and all activities to be undertaken are clearly described.</i>
1.15	Information and education are provided to client organisations and surveyors on the new and/or revised standards to enable understanding and implementation.	<i>X has published the changes to the Standards on their website and they are included in the handbook under each Chapter. This makes it easier for hospitals that have previously been accredited under the last version of the Standards to identify areas that will require additional work to ensure ongoing compliance.</i>

No.	Criterion	Detail
2.3	<p>Guidance on the measurement or rating methodology is provided to:</p> <ul style="list-style-type: none"> a) enable client organisations to assess their own performance against the standards b) assist surveyors to rate standards 	<p><i>The development of the mobile application to assist surveyors to rate standards was a very good addition to the programme.</i></p>
3.6	<p>The standards are consistent with the current legal and health and/or social care policy requirements of the environment in which they apply.</p>	<p><i>The teams also want to commend the organisation for the wide incorporation of legal and regulatory requirements within the X Standards.</i></p>
3.8	<p>The standards require that staff, independent practitioners and volunteers, have relevant and current:</p> <ul style="list-style-type: none"> a) education b) skills and competencies c) experience d) orientation and training 	<p><i>It is appreciated that the standards require palliative care centres to provide adequate time for all personnel to participate in relevant education and training opportunities.</i></p>
3.11	<p>The standards require that organisations have arrangements for relevant on-going education (courses and training sessions) that is necessary to acquire and maintain the required level of performance and competency.</p>	<p><i>All staff are required to be trained on climate change, and practices for environmentally sustainable and resilient healthcare. This requirement clearly shows that X are willing to lead in challenging hospitals to do more to address how climate events are directly affecting healthcare and the importance of hospitals recognising this is an issue for all of their staff across all roles and all levels.</i></p>
3.12	<p>The standards require that organisations have arrangements for the:</p> <ul style="list-style-type: none"> a) promotion of staff well-being b) resolution of workplace issues 	<p><i>The requirement for the promotion of staff well-being along with arrangements of the resolution of workplace issues is detailed, organised and comprehensive. The X Standards provides examples of how staff well-being is assessed by reviewing risk factors at the individual, interpersonal, organisational and environmental levels.</i></p>
3.13	<p>The standards require staff to use current accepted evidenced-based standards, protocols and guidelines.</p>	<p><i>The requirement to use currently accepted evidenced-based standards, protocols and guidelines is clearly outlined along with the need to have processes in place to review, update, and evaluate adherence to, the guidelines. The X Standards have identified the need for a comprehensive and conceptual use of scientific evidence from assessed organisations as well as from its own experts.</i></p>
4.9	<p>The standards require organisations to:</p> <ul style="list-style-type: none"> a) train staff on the safe operation of equipment, including medical devices; and b) ensure only trained and competent people handle specialised equipment 	<p><i>X is commended for including the requirement to ensure that patients and family members are trained in the safe use of medical equipment.</i></p>

No.	Criterion	Detail
4.10	<p>The standards require organisations to ensure that:</p> <ul style="list-style-type: none"> a) relevant safety laws and regulations are met b) the buildings, space, equipment and supplies necessary for the stated services are provided c) facilities and equipment are inspected, tested, maintained and updated or replaced in a planned and systematic way 	<p><i>The emphasis on the patient-centred environment and safety for dialysis patients is commended.</i></p>
5.2	<p>The standards require processes to receive and resolve ethical dilemmas in a defined timeframe.</p>	<p><i>The organisation is commended on its comprehensive approach to the management of ethical dilemmas that may arise in the service. In particular, the procedures and timeframes to manage responsibilities, medical care and/or other assistance to the parties concerned, and the terms and means of communication of final decisions are specified.</i></p>
5.3	<p>The standards require staff to involve patients/service users in shared-decision making about their own care by:</p> <ul style="list-style-type: none"> a) discussing their options for care and treatment b) identifying and respecting their preferences or choices 	<p><i>The standards place great emphasis on respecting the rights and culture of patients and on patient participation in care and decision-making, thus ensuring the effective practice of patient-centred care in its client organisations.</i></p>
5.5	<p>The standards require that services educate and support patients/service users to maintain and improve their own health and wellbeing.</p>	<p><i>It is commendable that the X Standards prioritise the safety and wellbeing of any patient who may be a victim or at risk, and demand that these issues be addressed immediately as an ongoing priority when a complaint or concern is received.</i></p>
5.14	<p>The standards require services to:</p> <ul style="list-style-type: none"> a) have processes in place to receive feedback from patients/service users b) have processes in place to investigate and resolve patient/service user complaints within a defined timeframe c) make the complaints process publicly available 	<p><i>It is commendable that the X Standards provide a detailed and elaborate process regarding how complaints should be registered, investigated, and followed through until resolution, while seeking opportunities for service improvement.</i></p>

Standards for Surveyor Training Programmes, 4th Edition

The below table outlines the areas of exceptional performance as identified for the desktop surveys of surveyor training programmes against the 4th Edition of the Standards.

No.	Criterion	Detail
1.4	The surveyor training programme meets legal and ethical requirements including but not limited to intellectual property rights, copyright and reproduction limitations, acknowledgement of sources and conflict of interest.	<i>X is commended for its commitment to compliance with legal and ethical requirements which are well integrated and incorporated into its assessor training programme. Of note is their policy that requires all training programmes implemented by the X to undergo a thorough review using a comprehensive checklist to ensure legal compliance, ethical considerations and alignment with healthcare industry standards for all stages of the assessor training programme.</i>
4.7	Each training session within the programme is designed, in accordance with the surveyor competencies and has defined: a) learning objectives b) expected outcomes	<i>X is commended for their clear and comprehensive policy for the development of objectives for training.</i>
5.5	Assessment results are collated and reviewed after each training programme to assess whether learning objectives have been met.	<i>X is commended for their commitment to continuously improving the content and quality of their surveyor training programme by regularly collecting and analysing post training assessments for trainees and surveyors and hospitals after accreditation surveys and implementing improvement changes as required.</i>

Standards for External Evaluation Organisations, 5th Edition

The below table outlines the areas of exceptional performance as identified for the surveys of external evaluation organisations.

No.	Criterion	Detail
1.4	The organisation documents its approach to corporate social responsibility and this is used to guide ethical decision making in the organisation.	<i>The Green Award is a great recognition programme that outlines X's commitment to social responsibility and how to recognise organisations that adopt practices regarding the environment.</i>
2.9	Progress in achieving strategic and annual objectives, including financial and, if appropriate, research objectives, is measured regularly and achievement is evaluated.	<i>X should be commended for the ongoing review of the strategic and operational plans and the use of dashboards to clearly see if goals are being met.</i>

No.	Criterion	Detail
3.8	<p>A quality improvement plan is implemented which includes processes for:</p> <ul style="list-style-type: none"> a) identifying, recording and analysing improvement opportunities b) developing solutions to address opportunities for improvement c) implementing improvements d) monitoring and evaluating improvements 	<p><i>X has adopted a quality improvement tracker that allows the team to identify areas of improvement that can be addressed quickly. The team provided a few examples of how these quality improvement initiatives were achieved and the positive feedback it solicited from the clients.</i></p>
4.8	<p>Staff are supported through:</p> <ul style="list-style-type: none"> a) work procedures to promote staff well-being b) mechanisms to identify and recognise best practices and individual work contributions c) the resolution of workplace issues 	<p><i>There are multiple initiatives to promote staff wellbeing and maintain a healthy work life balance are to be commended.</i></p>
5.4	<p>Knowledge is disseminated to all relevant internal and external stakeholders to promote learning and continuous quality improvement.</p>	<p><i>X should be commended for the very extensive and creative communication with their surveyors, client organisations and the public. This includes newsletters, the virtual campus and video presentations.</i></p>
5.10	<p>All information and educational resources are produced to defined standards of use and consistency. Contents are accurate and meet stakeholder requirements.</p>	<p><i>X should be commended on its extensive educational offerings using the virtual campus platform and the extensive communication plan in which it has incorporated communication to the public on quality and the importance of accreditation.</i></p>
7.3	<p>Applicants for the external evaluation programme are assessed for suitability before entering into the programme.</p>	<p><i>X should be commended for a very robust and comprehensive onboarding process for organisations prior to accreditation that ensures a complete understanding of the standards and how they may achieve compliance.</i></p>
7.16	<p>The relationships with clients, and the support offered to them, are reviewed regularly and improvements made based on the evaluation and feedback provided.</p>	<p><i>The X team is responsive, flexible and committed to their client organisations. The members of the team can identify an issue, explore the necessary changes, analyse the impact and implement the change quickly. This is done while adhering to its principles and values and not tainting the integrity of the accreditation process.</i></p>
8.1	<p>The external evaluation organisation defines:</p> <ul style="list-style-type: none"> a) who is responsible for determining the outcome of the survey b) the criteria for the awarding of accreditation or certification c) the timeframes within which the award decisions are made 	<p><i>The report and documentation that is presented to the Accreditation Awards Panel is a complete package, providing the members of the panel to be informed and prepared to make the accreditation decision. These reports, prepared by the X Manager also provide a great deal of information and data that could be used for surveyor intra and inter reliability and other data analysis that could inform the programme delivery staff.</i></p>

Analysis of 2024 Survey Reports – Ratings



Principles for the Development of Health and Social Care Standards, 5th Edition

The final surveyor ratings for each of the twenty-five standards surveys against the 5th Edition of the Principles for the Development of Health and Social Care Standards were reviewed, and the below tables highlight the criteria which received both the highest and the lowest surveyor ratings.

Highest Surveyor Ratings

No.	Criterion	Average Surveyor Rating
1.8	The purpose of the standards is clearly documented.	4.0
3.6	The standards are consistent with the current legal and health and/or social care policy requirements of the environment in which they apply.	4.0
3.11	The standards require that organisations have arrangements for relevant on-going education (courses and training sessions) that is necessary to acquire and maintain the required level of performance and competency.	4.0
3.13	The standards require staff to use current accepted evidenced-based standards, protocols and guidelines.	4.0
6.1	The standards require organisations to collect information relating to the performance of the service.	4.0
6.2	The standards require that the performance data collected is evaluated and used to guide quality improvement.	4.0

Lowest Surveyor Ratings

No.	Criterion	Average Surveyor Rating
2.4	Feedback on the measurement or rating methodology is collected from client organisations and surveyors to ensure that it is clear and understandable. The data are evaluated, and results are used to make improvements.	3.29
1.4	The documented standards development process for new and/or revised standards is made publicly available.	3.33
5.7	The standards require that staff are educated about person-centred care.	3.33
6.5	The standards require organisations to make their performance results/data publicly available.	3.38

Standards for Surveyor Training Programmes, 4th Edition

The final surveyor ratings for each of the eight desktop surveyor training programme surveys against the 4th Edition of the Standards for Surveyor Training Programmes were reviewed and the below tables highlight the criteria which received both the highest and the lowest surveyor ratings.

Highest Surveyor Ratings

No.	Criterion	Average Surveyor Rating
4.5	All trainees undergo an initial training programme which includes a practical onsite element.	4.00
1.1	There is a process for setting objectives for the surveyor training programme and the objectives are defined and documented.	3.88
1.4	The surveyor training programme meets legal and ethical requirements including but not limited to intellectual property rights, copyright and reproduction limitations, acknowledgement of sources and conflict of interest.	3.88

Lowest Surveyor Ratings

No.	Criterion	Average Surveyor Rating
2.4	Individuals delivering the training programme: a) have their performance evaluated on a regular basis b) are provided with the relevant training and support	3.00
2.7	Learning, physical, and technological resources are evaluated as part of the evaluation of the training programme to ensure they meet the needs of the trainers and trainees.	3.00
4.9	Feedback on each training session within the programme is: a) collected from trainees and trainers b) analysed c) used to identify and plan improvements to the overall surveyor training programme	3.13

Standards for External Evaluation Organisations, 5th Edition

The final surveyor ratings for each of the six organisational surveys against the 5th Edition of the Standards for External Evaluation Organisations were reviewed, and the below sections highlight the criteria which received both the highest and the lowest surveyor ratings.

Highest Surveyor Ratings

The following criteria all received an average rating of 4 (i.e. full achievement): 1.6, 1.8, 2.7, 3.8, 3.11, 4.3, 5.3, 5.4, 5.7, 6.2, 6.3, 6.4, 6.8, 7.1, 7.2, 7.4, 7.5, 7.7, 7.10, 7.11, 7.12, 7.13, 8.2, 8.4, 8.5, 8.7, 8.8, 8.9.

Lowest Surveyor Ratings

No.	Criterion	Average Surveyor Rating
3.10	The external evaluation organisation identifies key performance indicators, monitors performance against them and communicates results to the relevant stakeholders.	3.42
1.15	The effectiveness of the governance of the external evaluation organisation is evaluated using indicators and other measures of performance. The data are used to assist with improving the governance arrangements.	3.50
5.2	The information management plan is reviewed and updated at defined intervals, and progress reports are provided to the governing body.	3.50
5.8	The information management system is audited on a defined schedule to enable identification of key risks and to determine any corrective and/or preventative actions required.	3.50

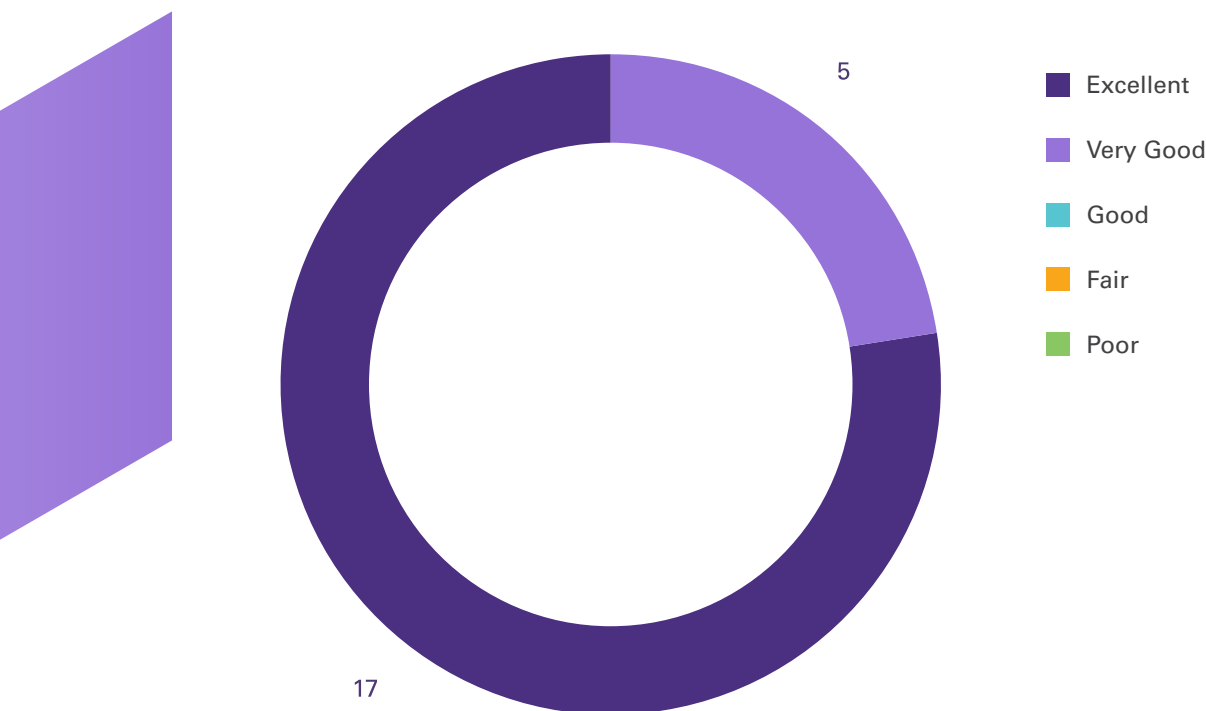
Client Evaluations

Following each survey, client organisations are invited to complete an online survey to provide ISQua EEA with feedback on their experience. This year, the response rate for client evaluations was 52% which was lower than previous years (79% - 2023, 83% - 2022, 68% - 2021). The responses have been analysed and are presented below:

ISQua EEA Personnel

All respondents were satisfied with the support they received from ISQua EEA personnel with seventeen respondents selecting 'Excellent' and 5 respondents selecting 'Very Good'.

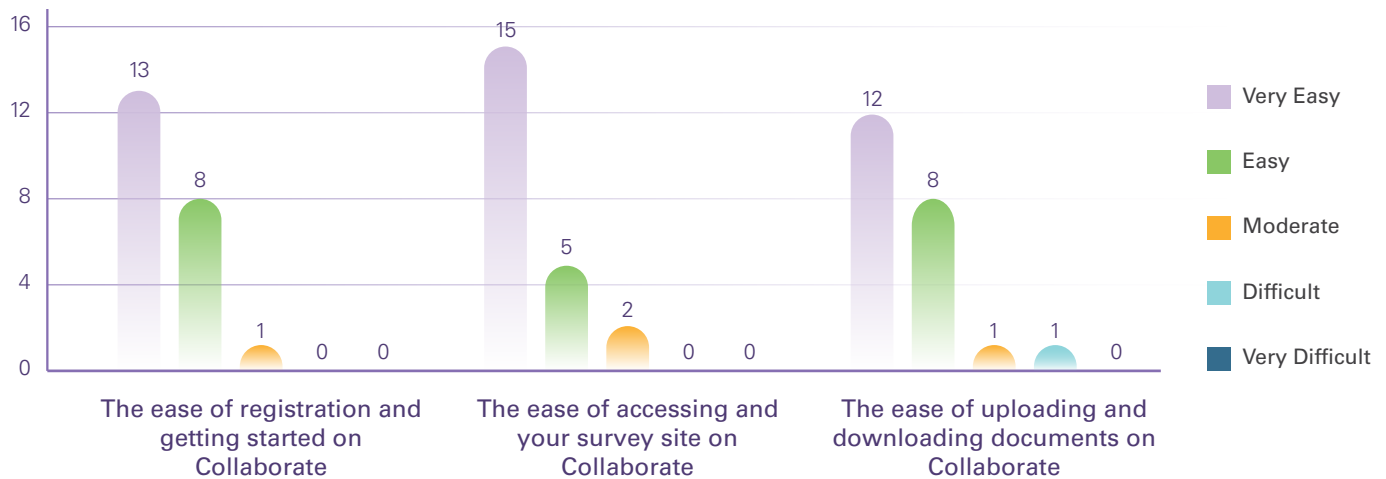
ISQua EEA Personnel Assistance and Communication



ISQua EEA Collaborate

All surveys are conducted using our online survey management tool ISQua EEA Collaborate. This system allows users to safely and securely share information in one unified space from any desktop or mobile device. The following chart demonstrates that the majority of clients found it easy to register and access their survey site on Collaborate. Most respondents found uploading and downloading documents to be very easy or easy.

Collaborate



The following text is a sample of the qualitative feedback collected:

- *Uploading of Survey Documents may be better. There could be a dashboard where the organisation can readily see the progress in a timeline manner.*
- *Critical dates should be archived in an accessible folder for reference.*
- *To improve the speed in accessing Collaborate.*
- *Hyperlinking evidence is not user friendly and takes a lot of time.*
- *The Collaborate platform is excellent and doesn't need any changes.*
- *Once the documents are uploaded on the Collaborate, they should be available to the user for life-long or till the accreditation validity.*
- *The manual process of having to link the document within the work self assessment is time consuming and if a solution could be found would definitely improve the whole process.*
- *The Collaborate was excellent and user friendly.*

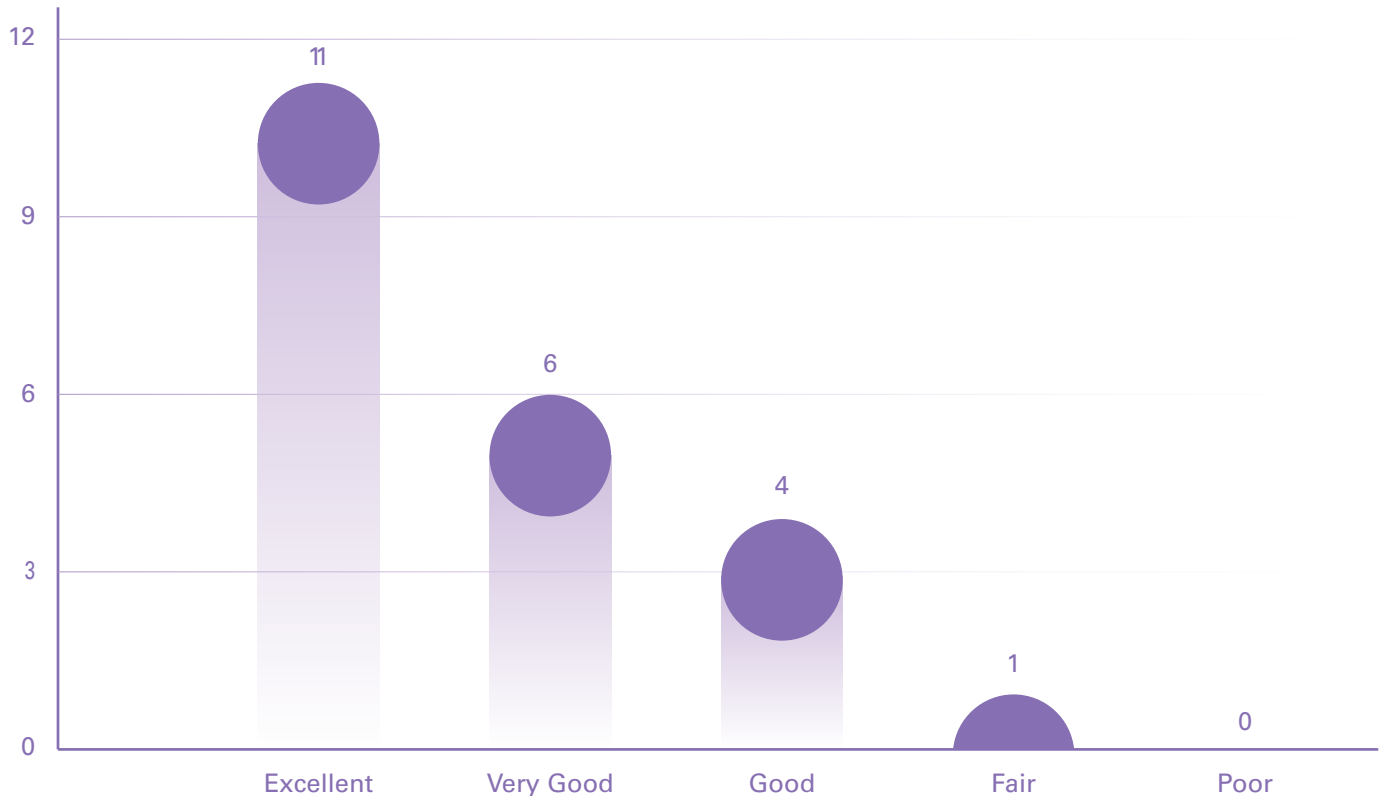
It is recognised that the uploading and hyperlinking of evidence is a very time-consuming process and we continue to explore alternative options.



Survey Report

Client organisations were also asked to rate their overall satisfaction with the final survey report. The majority of respondents were generally satisfied with their survey report (Excellent (11), Very Good (6), Good (4) and Fair (1)).

Overall Satisfaction with the report



Challenges and Opportunities for Improvement

Client organisations were asked to outline any challenges they experienced and to provide suggestions about how the programme could be improved. The following is a sample of the collected feedback:

- *This time round seemed a longer process but understandable under the circumstances.*
- *It appeared that feedback on the draft report was not considered.*
- *As it was the first time, the approach of responding to some questions was not easy but at the end we were confident.*
- *We don't see any issues with the accreditation/recognition process, except for the part related to the actual survey. The accreditation/recognition process is well-structured, precise, and efficient.*
- *Having the manual process of linking the evidence in the self-assessment.*
- *Better communication with regards to progress of the accreditation.*
- *The survey is too long - it would be appreciated to receive the result faster.*
- *Once the factual accuracy report has been finalised, it would be good for clients to know immediately what is next and when to expect the final feedback of the process.*

- *When choosing surveyors, it's crucial to ensure they grasp the ISQua standards, see the bigger picture, and aim to identify areas for improvement rather than simply jotting down non-value-added non-conformities to meet a quota.*
- *It would be good to shorten administrative times, especially after review by the Validation Reviewer.*
- *Make clear the timing of the last stages of the program (final review and committee approval).*
- *Review the standards requirements for 'suggested evidence' and train surveyors that it's not a requirement.*

Benefits

Client organisations were also asked to describe what they considered to be the key benefits of ISQua EEA accreditation, and a sample of the responses received are presented below.

Standards (Principles) surveys

- *Gave us a valued independent opinion with points on areas for improvement.*
- *Helps to ensure our standards are set according to best practice.*
- *International recognition, alignment with the best practices.*
- *The survey process improved our understanding of what is required to achieve quality in the X healthcare setting and also ways of being resourceful to achieve this.*
- *Provides the public, ministry of health and facilities confidence in the X standards.*
- *We shall improve the preparation of the next standards review.*
- *ISQua EEA accreditation strongly supports the position of X in the X and regional market.*
- *Standard improvement.*
- *Market strategy.*
- *Ensuring our standards meet best practice.*
- *To strengthen systematic development of standards.*

Organisational surveys

- *Let us know how to manage the organisation appropriately.*
- *It has given us opportunities to streamline our X process by giving us opportunities to identify our gaps and prepare a time-bound action plan. The entire accreditation process will benefit the organisation as well as healthcare facilities in terms of getting X certified.*

Surveyor Training Programme surveys

- *The survey process provided our organization with crucial insights into our operational strengths and highlighted areas for improvement.*
- *We now have a comprehensive and standardized assessors' training. This was also a good learning experience.*

- *The surveyors training program brought a multitude of key benefits to our organization. One of the most prominent advantages was its role in standardizing our surveyors training initiatives. By aligning our programs with the rigorous International Accreditation Standards of Surveyors Training Programs, we will be able to establish a framework that ensured consistency and excellence across all training endeavours. This standardization not only bolsters the quality of our training but also plays a pivotal role in fortifying our accreditation system. Through adherence to these international standards, we will be able to not only meet but exceed the expectations of stakeholders, ensuring the robustness and credibility of our accreditation processes. Ultimately, this will enable us to build and sustain a robust accreditation system that will instil confidence and trust in our organisation's capabilities within the healthcare system.*
- *To guide us how to manage the surveyor programme better.*

Summary

It is evident from the feedback that clients are generally satisfied with our performance, our online survey management tool Collaborate and their final survey report. It is also recognised that we should review our critical path, and make sure that client organisations are kept informed of any potential delays to the survey process.

We remain committed to continuously improving our survey methodology, along with the tools and software we use to support it. We sincerely thank all our client organisations for their valuable feedback and look forward to another productive and collaborative year ahead.





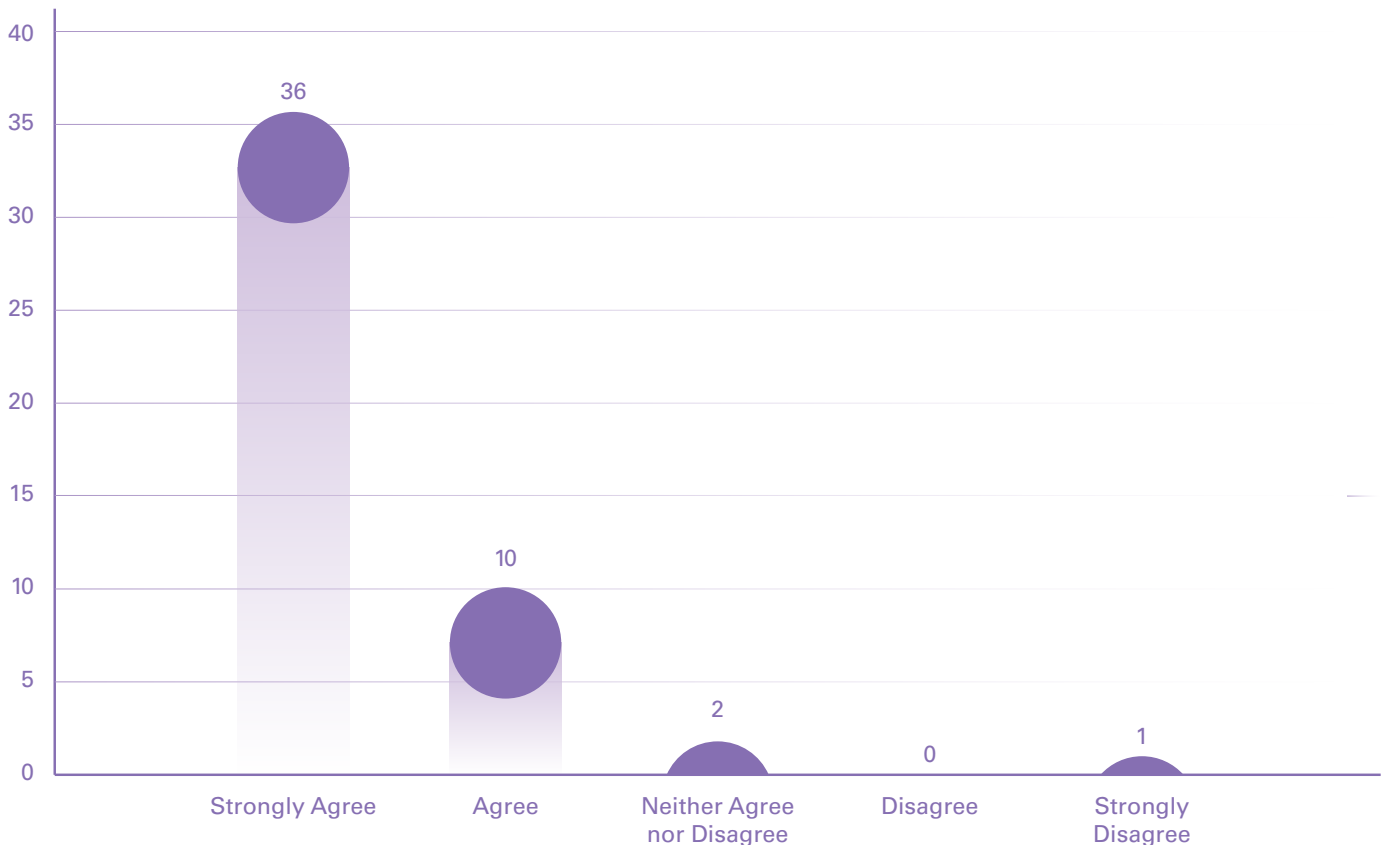
Surveyor Evaluations

Following the completion of each IAP survey, ISQua EEA surveyors are invited to complete a surveyor evaluation. The response rate in 2024 was relatively low at 54% compared to previous years (66% in 2023, 87% in 2022; 83% in 2021; 85% in 2020). The responses were collated and analysed, and opportunities for improvement were identified as follows.

ISQua EEA Personnel

As demonstrated by the below barchart, the majority of surveyor respondents were satisfied with the level of support from ISQua EEA personnel.

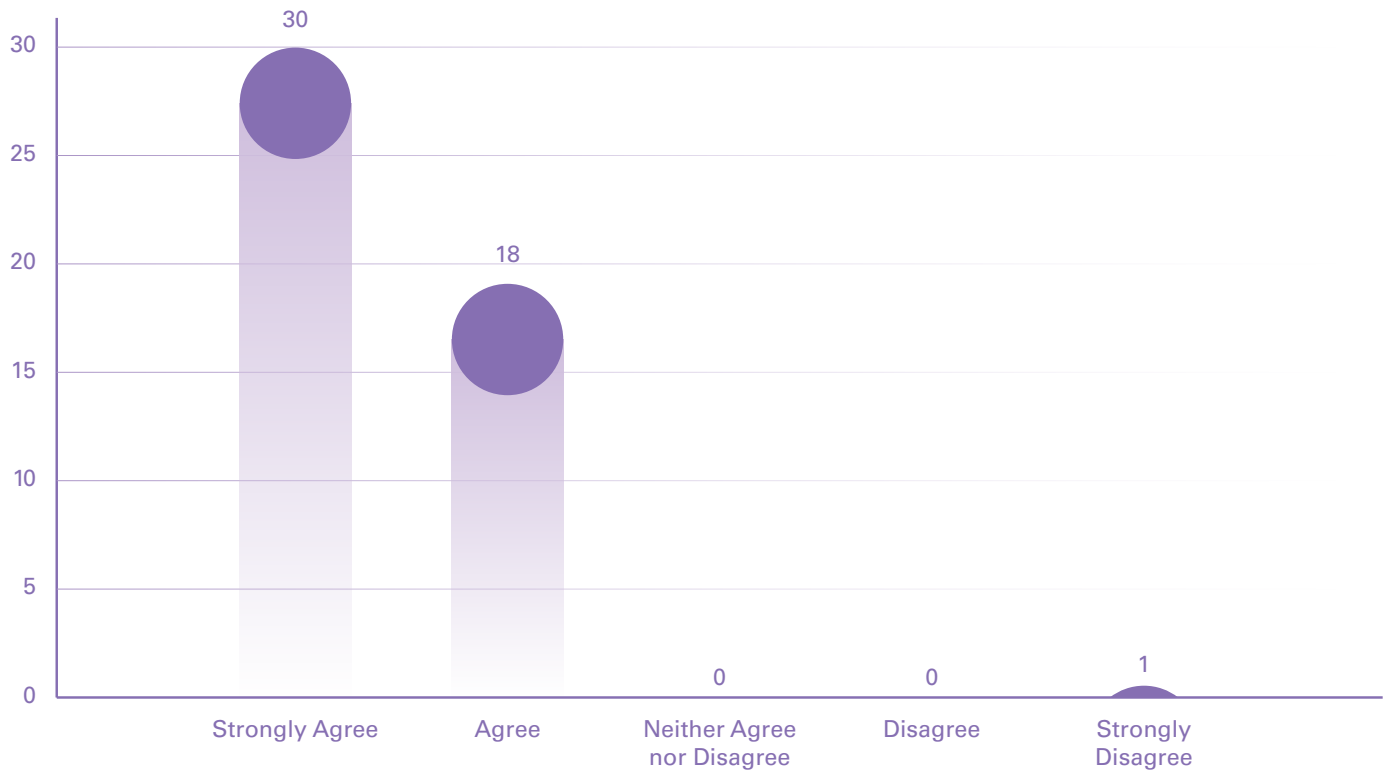
Assistance from ISQua EEA Personnel overall was satisfactory



Training

Surveyors were asked whether their training was appropriate and sufficient for this survey, and the majority of respondents were satisfied.

My training was appropriate and sufficient for this survey



ISQua EEA Collaborate

All respondents were satisfied with the level of support they received from ISQua EEA staff when using ISQua EEA Collaborate. The following is a sample of some of the qualitative feedback which was received:

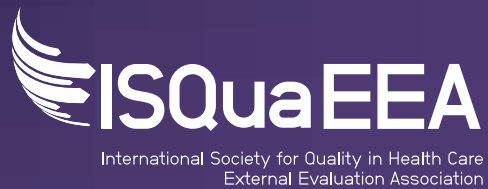
- *None, it is user friendly and easy to use.*
- *File names and references could be more concise. Long file names are difficult to read and search.*
- *It would have been helpful for the Annexes in the Supporting Evidence folder to be in numerical order.*
- *Do explore the possibility of truncating file names, so that when we download the evidence, we are able to download all evidence. Currently, the file names above a certain character limit do not get downloaded.*
- *Cloud technology so that multiple users can edit the document simultaneously.*
- *Uploading documents in a timely manner. Inclusion of a software for report writing.*
- *Issues experienced however, resolved with support. Make it easier to upload a folder.*
- *I think Collaborate has all the information I need and is simple and easy to use.*

Summary

We would like to extend a sincere thank you to our ISQua EEA surveyors for their significant contribution to the IAP this year; we greatly appreciate all that they do. We will closely consider all the feedback and work on the identified areas for improvement.







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