



# Rating achievement principles in the DDKM 2016 for private hospitals

**Guidelines for surveyors and accreditation award committees**

DDKM



Danish Institute for Quality and Accreditation  
in Healthcare



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## 1. Introduction

These rating achievement principles are used during accreditation of private hospitals and private clinics in accordance with the DDKM's accreditation standards for private hospitals and clinics - adapted version based on the second version for hospitals (2016).

Assessment of the degree of fulfilment of the requirements in the accreditation standards of the DDKM shall:

- provide feedback to the organisation by stating to which degree it meets the DDKM requirements
- provide guidance for the organisation's continued work with the DDKM
- form the basis for awarding of an accreditation status
- form part of research analysis

Furthermore, it is desirable that the result of the assessment, in addition to being useful for health professionals, be understandable for any citizen.

The assessment of the fulfilment of elements is based on the below 4-point scale:

Degree of fulfilment
FULLY MET (FM)
LARGELY MET (LM)
PARTIALLY MET (PM)
NOT MET (NM)

In the following section, the rating achievement principles are specified, and instructions are provided concerning the practical use of the principles.

## 2. Principles for the assessment of elements

### 2.1 Result of element assessment

The assessment of an organisation's fulfilment of the requirements of the DDKM is made at the element level exclusively. It is the overall fulfilment of the elements that forms the basis of the awarding of an accreditation status.

The assessment of the elements leads to one of the outcomes presented in Table 1.

*Table 1: Definition of the four element assessment outcomes*

Degree of fulfilment	Definition
FULLY MET (FM)	All requirements are fulfilled.
LARGELY MET (LM)	Some requirements are fulfilled, and the observed shortcomings <u>do not</u> significantly affect the requirements of the element.
PARTIALLY MET (PM)	Some requirements are fulfilled, and the observed shortcomings <u>do</u> significantly affect the requirements of the element.
NOT MET (NM)	No requirements are fulfilled, or only plans are presented.

The general principle is that LM indicates that some room for improvement remains, but that the organisation essentially meets the requirements. PM indicates that measures must be taken to bring the organisation to a level that is adequate with respect to the requirement. Therefore, follow-up will be implemented for elements that are assessed as PM or NM to give the organisation the opportunity to improve before the final decision on accreditation status is made.

Some elements contain several similar sub-elements. When deciding if the element will be assessed as LM or PM, the number of elements that have not been met is of no consequence. The only thing that matters is the nature of the quality of the shortcomings. If a minimum of one shortcoming is "below the threshold", follow-up will be implemented and the element will be assessed as PM.

The assessment of whether an organisation meets the requirements of the accreditation standards is always based on the elements. The elements state that which must be fulfilled (the "requirements" or "outcome measures"). The field Contents does not serve to add new requirements to be met, but to determine what specifically is needed for an element to have been met. Specifically, two types of contents within this field are important:

In some standards this field is used to define the phenomenon comprised by the standard. These definitions are binding, i.e. a document is not a business mission unless it meets the definition of a business mission.

Some elements state that specific requirements relating to specific contexts shall be met for the element to be assessed as having been met. The field provides instructions as to how this context-dependent interpretation can be made.

## **2.2 Specifically about assessment of patient-safety critical standards**

A number of standards are marked as patient-safety critical. The elements in these standards are, in principle, assessed as all other elements, but when the tables in Section 3 are used, it is important to be aware that any weak implementation will be considered as critical to meeting the requirements of the element. This will be stated in the standard text ("Patient-safety critical standard. A weak implementation of a minimum of one unit is critical to the fulfilment and causes the assessment to be limited to a maximum of PM").

## **2.3 Assessment is context-dependent**

It is an important principle that the survey team's assessment shall be context-embedded. This means that the element requirements shall be understood with reference to the current organisation and the tasks and activities of this organisation.

This means that an element is always assessed as FM if all elements are present that relate to the organisation given its tasks and its context.

The text in the "Contents" field serves, among others, to clarify the framework of the context-dependent assessment.

## **2.4 Interpretation of the requirements of the DDKM**

The assessment is based on the wording of the element text, as the used terms shall not be understood to have other contents than that which its tone explicitly expressed in the text or list of terms. Similarly, no additional requirements, e.g. from the contents of the standard, shall be added. The term "shall" should be interpreted as a recommendation that is not of pivotal importance for the assessment outcome.

It is, nevertheless, a requirement that any statutory provisions that are relevant in relation to the element are observed. Even though the organisation has considerable leeway in many cases, the survey team may assess that the efforts made are so far from what is acceptable in generally acknowledged practice that they cannot be accepted. In such cases, the shortcomings shall be fully and explicitly motivated in the survey report.

Concepts shall be understood from a user's perspective.



Example: "Easily accessible" shall be assessed on the basis of whether users find that the documents are easily accessible, whereas the specific meaning of the terms "ongoing" and "systematic" is determined by the organisation. Any specific requirements related to time will be stated explicitly.

### 3. Guidance for the specific assessment of elements

The survey team individually assesses if each element has been met based on the principles described in Section 2.

To assist the surveyors achieve a consistent assessment across surveys, guidelines for the assessment of some elements have been prepared. These guidelines comprise the majority of the elements in the set of standards.

If an assessment made in accordance with these guidelines is clearly at variance with the assessment that follows from the principles described in Section 2, the survey team shall deviate from the guidelines and follow the provisions of Section 2.

#### 3.1 Elements assessing the existence and contents of documents

##### What is the survey team to investigate?

- Does an approved and updated document exist?
- Was a single document prepared for use across the entire organisation?
  - If not: Are documents in place in the units where this is relevant (assessment by spot check)?
- Does the document address the requirements of the element?

##### How shall the element be assessed?

A joint document exists that covers the entire organisation and the document meets all requirements for its contents	FM
In situations in which there is no requirement that a joint document exists for the entire organisation: Documents are in place at the units where the element was assessed. The documents meet all requirements for their contents (it is not a requirement that this was checked systematically at all units where it was confirmed that the document is in place)	FM
Contents are lacking. The shortcomings concern details that are not critical to meeting the element's requirements, or which only apply in special situations	LM
The degree of coverage is limited, i.e.: A joint document is required, but only unit-specific documents are in place - all relevant areas are covered. OR A joint document is not required. Some local documents are lacking, but at no more than half of the units where the element was assessed. It is not decisive to meeting the element's requirements that documents are absent at some departments.	LM
Documents are in place, but the requirements needed to be awarded LM are not met	PM

A joint document exists that covers the entire organisation and the document meets all requirements for its contents	FM
No valid (=approved and not outdated) document exists. This is also the case if non-approved drafts, initial texts, etc., exist.	NM

**Approval of documents** shall be done before the external survey. If this has not been done, the best possible assessment is LM. An LM assessment presupposes that the document is approved before the survey concludes. If the document(s) is(are) approved during the survey, the focus in these cases shall be on whether the document(s) as a whole fulfils the requirements of the element if there are shortcomings. It is thus the presence of any shortcomings in the contents that will determine if the outcome of the assessment will be lower than LM and not the time of its approval.

In special situations implementation problems may occur that are due to an incorrect understanding of documents, e.g. guidelines. If interviews show that difficult-to-understand documents contribute to a weak or lacking implementation, the survey team may assess the element related to the document in question as LM or PM, even though the document meets all of the formal requirements of the element.

### 3.2 Elements that assess the implementation of work flows and processes

#### What is the survey team to investigate?

The investigation shall clarify if the work flow or process is implemented in a consistent manner.

If the work flow or process is to be implemented at several units, the survey team initially determines the degree of implementation in a sample counting some of the units at which the implementation is relevant. The degree of implementation is stated in the findings section of the survey report. For each unit, the result may be one of the following:

- Consistent implementation
- Consistent implementation, but some deviations are noted
- Weak implementation
- Lacking implementation

Subsequently it is decided how the element will be assessed on the basis of the below tables.

If the implementation is uniform across the organisation by definition, or if the element is only relevant on a single unit, this table is used:

Consistent implementation	FM
Consistent implementation, but some deviations are noted	LM
Weak implementation The weaknesses observed were not critical to meeting the element	LM



Consistent implementation	FM
Weak implementation and the weaknesses are critical to meeting the element at one or more units	PM
Not implemented This may also be the case if isolated cases were observed that were in line with the requirement of the element.	NM

**If the element is assessed at more than one unit, this table is used:**

Consistent implementation at all the units where the element was assessed.	FM
Consistent implementation at all units at which the element was assessed, but isolated deviations were observed at no more than half of the units.	FM
Consistent implementation at all units at which the element was assessed, but isolated deviations were observed at more than half of the units.	LM
Consistent implementation at more than half of the units where the element was assessed, but implementation was weak at no more than half of the units. The weaknesses observed were not critical to meeting the element	LM
Consistent implementation at less than half of units where the element was assessed. OR A weak and lacking implementation was seen at a minimum of one unit, and this is critical for meeting the element at the (one or more) units affected.	PM
Not implemented at the units where the element was assessed. This may also be the case if isolated cases were observed that were in line with the requirement of the element.	NM

### **3.3 Elements that assess the implementation of work flows and processes and which also require that reference can be made to documents describing the work flow in question.**

If the element comprises a requirement that reference can be made to a relevant document, the ability to refer to the document is considered part of the work flow. Any shortcomings are assessed as any other implementation shortcomings, i.e. by assessing their impact on the execution of the work flow as required by the element.

The document referred to shall be assessed as described in Section 3.1.

If findings in the implementation and/or the document require follow-up (are assessed as PM/NM in pursuance of 3.1 or 3.2), the element is assessed as PM (NM, if both the document and the implementation are NM).

If there are shortcomings in either the implementation or the document, but none of these require follow-up (i.e. are assessed as LM in pursuance of 3.1 or 3.2), then the element is assessed as LM.

### 3.4 Elements assessing quality monitoring

What is the survey team to investigate?

These elements establish if quality monitoring has been performed at the required intervals and if the results achieved have been analysed and assessed.

To achieve FM at the external survey, the organisation shall present a minimum of one quality monitoring for the element, and it shall have been made clear how quality monitoring will continue.

#### How shall the element be assessed?

Quality monitoring was performed and fulfils all requirements to frequency and contents.	FM
Quality monitoring was performed, but there were shortcomings with regard to contents. The shortcomings only comprise a minor part of the whole. This criterion is relevant only if the element includes specific requirements for content. If this is not the case, the organisation is completely free to choose the specific monitoring content.	LM
Systematic quality monitoring has been performed, but monitoring was not complete (a limited number of shortcomings)	LM
Quality monitoring was performed, but there were shortcomings with regard to contents. The shortcomings comprise a substantial part of the whole. If there is more than one explicitly stated requirement in the element, lacking completion of one of these will constitute a substantial shortcoming. This criterion is relevant only if the element includes specific requirements for content. If this is not the case, the organisation is completely free to choose the specific monitoring content.	PM
Quality monitoring was performed, but only sporadically (i.e. not systematically)	PM
Quality monitoring was not performed. This is also the case if quality monitoring was planned but not implemented, or if only isolated examples of quality monitoring are seen in the organisation.	NM

“Sporadically” typically means that more than half of the measurements are missing. It may, however, be of some importance how the missing measurements are distributed. If, for instance, the

first half is missing, but the entire last half is in order, LM may be awarded. Conversely, if the last half is missing, the assessment will need to be PM.

### **3.5 Motivations for the assessment of elements**

The survey report shall be prepared in a manner that allows the receiving organisation to learn from it, and it shall contribute to ensuring a consistent assessment practice.

The assessments LM, PM and NM shall always be motivated. The assessment FM is motivated in those cases in which there are shortcomings in relation to the element text, but where everything required from the organisation given its tasks and situation is in place (context dependent assessment cf. Section 2.2).

### **3.6 Requirement for follow-up on elements**

If an element was assessed as PM or NM, the organisation will be given the opportunity to repair any shortcomings before the Accreditation Award Committee makes its decision about awarding of accreditation status. The survey team therefore recommends follow-up for all elements that are assessed as PM or NM. Recommendations shall clearly describe what the follow-up concerns:

Follow-up may consist in:

- Submission of materials within a 3-month period
- Telephone meeting/visit within a 6-month period
- Telephone meeting/visit within a 3-month period
- Telephone meeting/visit within a month.

For further information about the type of follow-up, please see Section 4.2.

## **4. Awarding of accreditation status**

### **4.1 The role of the Accreditation Award Committee**

After the external survey, the survey report is presented to the independent Accreditation Award Committee. Based on the fulfilment of the elements, the Accreditation Award Committee then makes its decision concerning accreditation status on the basis of the below principles.

### **4.2 Criteria for choice of follow-up and awarding of accreditation status**

The main principle for awarding of an accreditation status is that the overall efforts are assessed throughout the entire set of standards.



The criteria are both used at assessment after external survey and at assessment after follow up, and they are always based on the assessments of all of the elements in the set of standards (barring irrelevant elements). For every element, the most recent assessment is used.

The organisation is awarded the status **Accredited** without comments and no follow-up is required, when all elements in the standards set were assessed as FM or LM.

If one or more elements are assessed as PM or NM, the Accreditation Award Committee shall decide on a course of action:

- If the Accreditation Award Committee upon specific assessment finds that the organisation currently meets the requirements for awarding of the status of Accredited with comments, the organisation will be given the opportunity to undergo follow-up before being awarded its final status. Accreditation status is then stated as **pending follow-up**. IKAS decides if follow-up will take the form of submission of material within a 3-month period, or a telephone meeting/video conference/visit within a 6-month period. The decision is based on what is needed to elucidate the degree to which the shortcomings have been duly addressed.
- If, on the other hand, the Accreditation Award Committee finds that this is not the case, then the Committee decides if follow-up will be scheduled within 1 or 3 months; the Committee may decide that part of the follow-up shall be done within 1 month and the rest within 3 months. Accreditation status is then stated as **pending follow-up**.
- In exceptional cases, the Accreditation Award Committee may award the organisation a status as **Not accredited**, if it assesses that there is no chance that the organisation may meet the standards to a sufficient degree within the follow-up deadline.

If all elements are FM or LM after follow-up, the organisation is awarded the status of **Accredited**. Otherwise, according to specific assessment the Accreditation Award Committee decides if the status of **Accredited with comments** or **Not accredited** shall be awarded. Specific assessment in the Accreditation Award Committee comprises an assessment of whether the shortcomings of element fulfilment substantially affect the organisation's ability to keep users safe and provide them with any statutory rights they may have. In this connection, safety is defined as safety against damaging events and safety against damage due to insufficient efforts on the part of the organisation.

Organisations that are awarded the final accreditation status of "accredited with comments" should be considered as having achieved accreditation, but some subsequent development work will be needed.