

NHIS ACCREDITATION

34TH AHSAG ANNUAL GENERAL MEETING
TAKORADI, 4 NOVEMBER 2010

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Presentation Outline

- Definition
- Legal basis
- Goal
- Structure of accreditation tools
- Grading system
- What has been done
- Challenges
- Looking ahead

Definition

- Formal process by which a recognised body assesses (health care institutions) to determine whether or not they meet pre-determined standards

Legal Basis

- A legal requirement that health care facilities be accredited before they can participate in the NHIS (Act 650 section 70 and the legislative instrument (LI) 1809 sections 22-36)

Goal

- To promote the provision and delivery of quality and safe health care services to health insurance subscribers in Ghana.

Accreditation Tools

- Tools was developed by multidisciplinary team, piloted and reviewed by broader stakeholders before use

Structure of the NHIS Accreditation Tools

- Accreditation checklist is organised into units/modules and sub-units.
- Modules or Units:
 - range of service;
 - staffing;
 - environment and infrastructure;
 - basic equipment;
 - organisation and management;
 - safety and quality management;

Structure of tools (2)

- Modules/Units (cont'd)
 - out-patient care;
 - in-patient care;
 - maternity care;
 - specialised care;
 - diagnostic services; and
 - pharmaceutical services.

Grading System

Grade A+	<ul style="list-style-type: none">• Facility score of 90-100% (overall)+50% in the five core areas put together
Grade A	80-89%+50% in core areas
Grade B	70-79%+50% in core areas
Grade C	60-69%+50% in core areas
Grade D	50-59%+50% in core areas
Grade E	Below 50% in core areas

Core Areas

- Range of services
- Staffing levels relevant to the service
- Organisation and management
- Safety and quality management
- Care delivery

Accreditation Process

- Receive application forms
- Submission and payment
- Issuance of receipt and Accreditation Tools and manual
- Inspection of facility
- Publication of results and issuance of letters
- Issuance of certificates

Progress with Formal Accreditation

- Provisional accreditation circa 5,000 facilities
- About 3000 facilities have applied for formal accreditation since Jan 2009
- Inspection of facilities started on the 20th July 2009
- 1st and 2nd batches of facilities were assessed in Dec 2009 (1,930)
- 1,798 passed, results have been published
- 3rd batch of 980 facilities inspected, 887 passed (20 provisional)

Accredited Facilities by types

FACILITIES BY TYPES	1ST	2ND	3RD	TOTAL
CHEMICAL SHOPS	50	69	61	180
CHPS ZONE	74	343	310	727
CLINICS	82	107	71	260
DENTAL CLINIC	0	0	2	2
DIAGNOSTIC CENTRES	0	13	6	19
EYE CLINIC	0	3	3	6
HEALTH CENTRES	73	347	238	658
LABORATORIES	22	21	17	60
MATERNITY HOMES	120	58	33	211
PHARMACIES	76	94	67	237
POLYCLINICS	1	9	2	12
PRIMARY HOSPITALS	58	150	65	273
PYHSIOTHERAPY	0	0	0	0
SECONDARY HOSPITAL	4	3	2	9
TERTIARY HOSPITAL	0	1	0	1
ULTRASOUND	14	6	10	30
TOTAL	574	1224	824	2,685

Accredited Facilities by Regions

FACILITIES BY REGIONS	1ST	2ND	3RD	TOTAL
ASHANTI	137	267	66	470
BRONG AHAFO	45	87	154	286
CENTRAL	107	82	29	218
EASTERN	86	192	94	372
GREATER ACCRA	65	129	97	291
NORTHERN	27	160	83	270
UPPER EAST	38	76	40	154
UPPER WEST	1	33	101	135
VOLTA	22	88	84	194
WESTERN	46	110	139	295
TOTAL	574	1224	824	2,685

Accredited Facilities by Ownership

FACILITY BY OWNERSHIP	1ST	2ND	3RD	TOTAL
GOVERNMENT	167	741	566	1474
MISSION	11	106	29	146
PRIVATE	395	367	286	1048
QUASI GOVERNMENT	1	10	6	17
TOTAL	574	1224	824	2,685

Accredited Facilities by Grade

FACILITIES BY LEVELS	1ST	2ND	3RD	TOTAL
GRADE A+	2	5	0	7
GRADE A	21	34	20	75
GRADE B	86	267	154	507
GRADE C	139	536	400	1075
GRADE D	278	330	293	901
PROVISIONAL	48	52	20	120
TOTAL	574	1224	824	2,685

Quality and Ethical Issues

- Poor quality of health service delivery
 - Irrational prescription
 - Poly-pharmacy
 - Long waiting time
 - Poor staff attitude
- Conflict of interest issues , e. g .Operators of a large number of private health care facilities are full time workers in public facilities

Looking ahead

- Introduction of incentives to performance; League table
- Promote clients confidence in quality service delivery e.g. name tags, community durbars, patients charter, clients satisfaction surveys, clients complaints systems

Looking ahead(2)

- Provider compliance to guidelines and protocols e.g. STG, Malaria Treatment Guidelines , IMCI, Safe motherhood protocols - by Dec 2012
- Improved health outcomes, reduction in utilization, and cost savings by Dec 2012

THANK YOU