

# TOWARDS

## Kurdistan NATIONAL HEALTH ACCREDITATION (KNHA):

Introducing Quality improvement via accreditation as a  
substantial component of health care reform

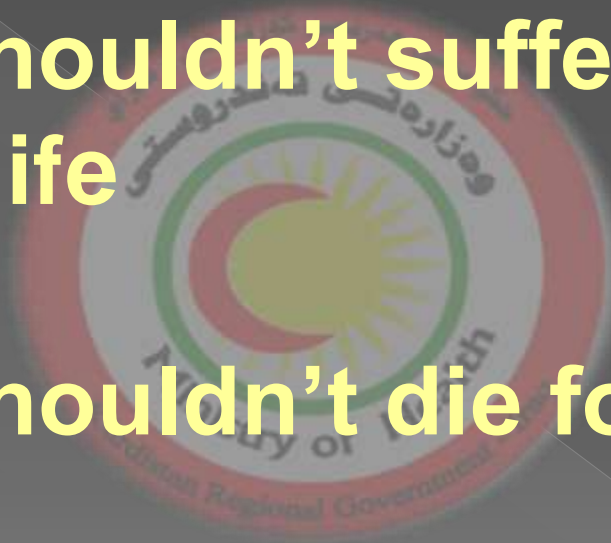
**NASIK KADIR**

**Nasik.kadir@gmail.com**

**Sulaimanyeh General Directorate of Health**

**People shouldn't suffer for us  
to enjoy life**

**People shouldn't die for us to  
live**



# Concepts

**Vision:**

**Mission:**

**Kurdistan Situation**


**Quality Improvement:**

**Accreditation:**



# Vision

**Gaining credibility and prestige is possible only if our health system takes care of the quality of its services, managerial excellence, and planning capability.**

The logo of the Mazandaran Regional Government Ministry of Health is visible in the background. It features a central sun-like symbol with rays, surrounded by a green ring and a red outer ring. The text 'وزارت بهداشت' (Ministry of Health) is written in Persian at the top, and 'وزارت بهداشت' (Ministry of Health) and 'سازمان بهداشت' (Health Organization) are written in English at the bottom. The logo is partially obscured by the text of the vision statement.

# Missions

- 1. Incorporating Quality Management program into the Kurdistan 'health system'.**
- 2. Utilizing Accreditation as a tool for improving quality to become; in a latter phase, an evaluative tool!**



# Brain Storming

In Kurdistan the following are missing:

- ❖ Written National Health policies, guidelines, bylaws and procedures
- ❖ **dependable** health statistics, data, and records
- ❖ Codes of ethics for different professions
- ❖ Records for malpractices or medical wastes
- ❖ Strategic planning & **criteria** in management related areas,
- ❖ Clear ethical or legal justification about justified or unjustified actions in public health
- ❖ well structured **measurement** methods for assessing the quality of health services
- ❖ An accredited health facility,



**Accreditation is a continuous process of improvement; it is an:**

independent.....transparent,  
educational..... consultancy,  
evaluative.....developmental program

**In Kurdistan, Accreditation should be required by law and regulation that aims at:**

1. improving the quality of patient care,
2. ensuring a safe environment,
3. Continually working to reduce risks to *patients* and *staff*.

# The Objectives

1. Encouraging organizational development
2. Reducing health care costs by focusing on increased efficiency and effectiveness of services
3. Enabling healthcare organizations for establishing a sustainable ***quality management systems*** in order to comprehend their *accountabilities for quality medical care, thereby, meeting the expectations* of the customers they serve.



## The Objective Cont.....

**3. Safeguarding Primary Health care Principles including :**

**Universality**

**Equity**

**Quality**

**Efficiency**

**Sustainability.**



## **The speed of the implementation depends on:**

- 1. The vision and philosophy on which the health system is built.**
- 2. Willingness and the ability of the government to make required changes.**
- 3. The availability of professional experts.**
- 4. Socio-economic situation of the country.**



# Strategies Before Implementing Accreditation Program:

- ❖ Raising quality awareness at National level.
- ❖ Enabling Kurdistan healthcare organizations to establish Quality Management Systems in order to comprehend their accountabilities for quality medical care.



# Strategies Before Implementing Accreditation Program cont.....

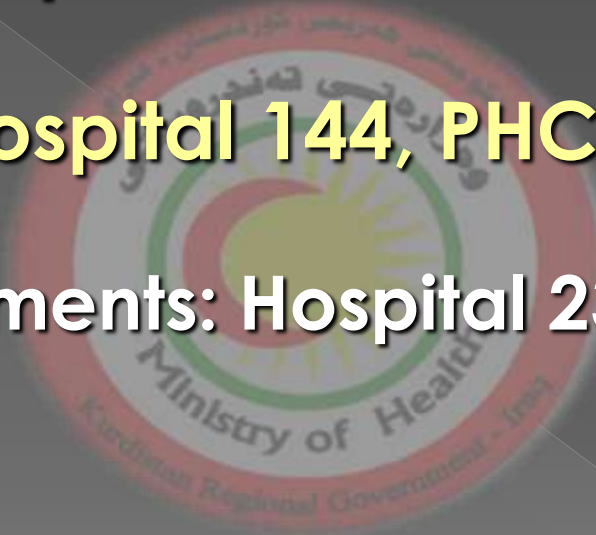
- ❖ Strengthening Hospital quality management units and improving administrative procedures in MOH in preparation for Launching Accreditation.
- ❖ Establishing national profiles of hospitals/PHCCs.
- ❖ Collaborating with local, regional, and international bodies.

# The major Challenges!!!!

1. In a spontaneous reaction of resistance, the health organizations might feel unmotivated to cooperate regardless of how realistic the standards are.
2. In the developing countries, the unjustified political interventions by the ruling parties is a strong possibility that for sure would hinder the required modifications.
3. In *non-institutionalized systems*, the administrative chaos might hinder the pace of implementation.
4. Sustained improvements requires a **change** in attitude and Quality Consciousness at all levels will take time.

# IRAQ Accreditation Standards

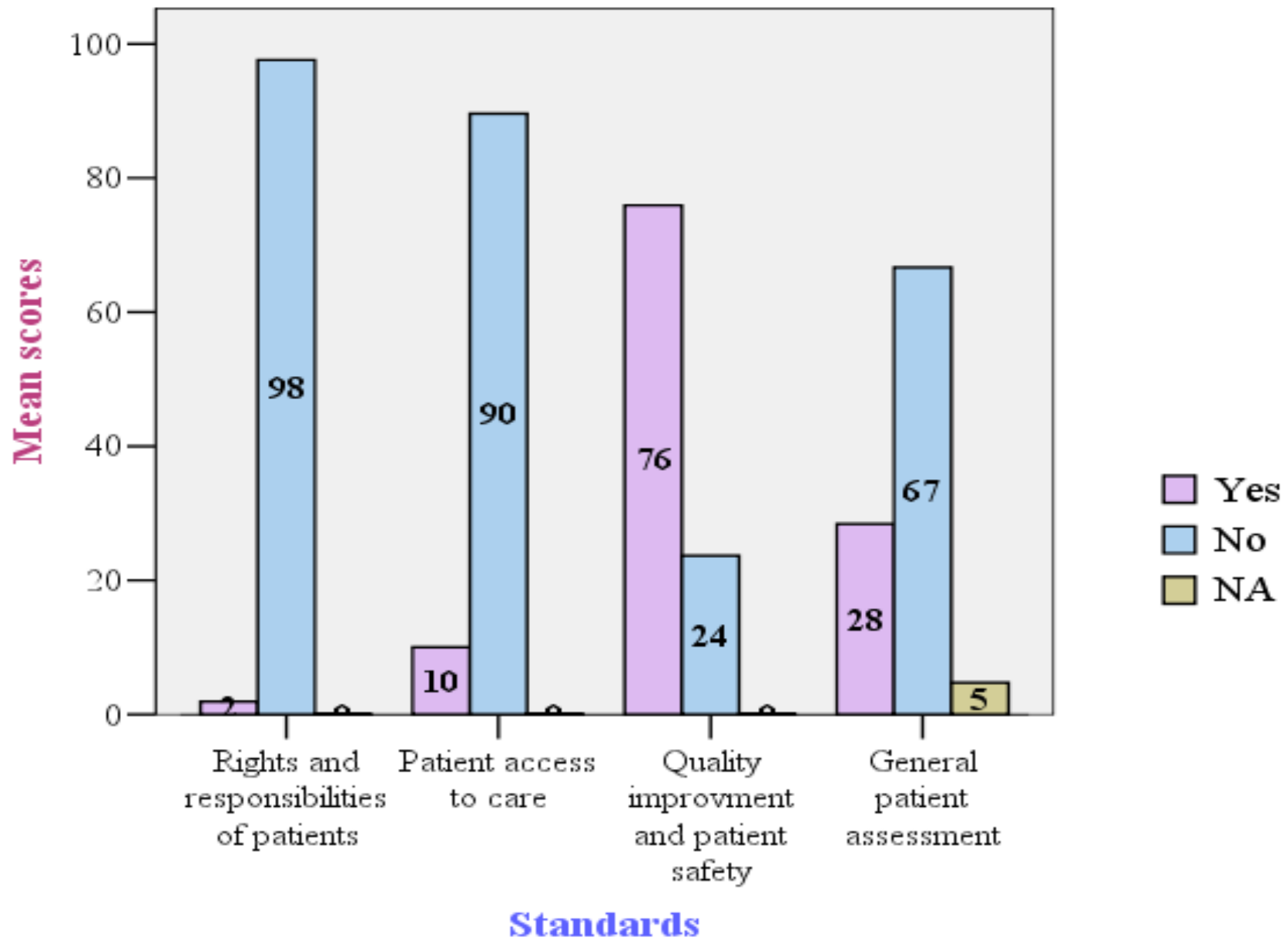
- Chapters: Hospital 26, PHCC 22
- Standards: Hospital 144, PHCC 132
- Objective Elements: Hospital 235, PHCC 193



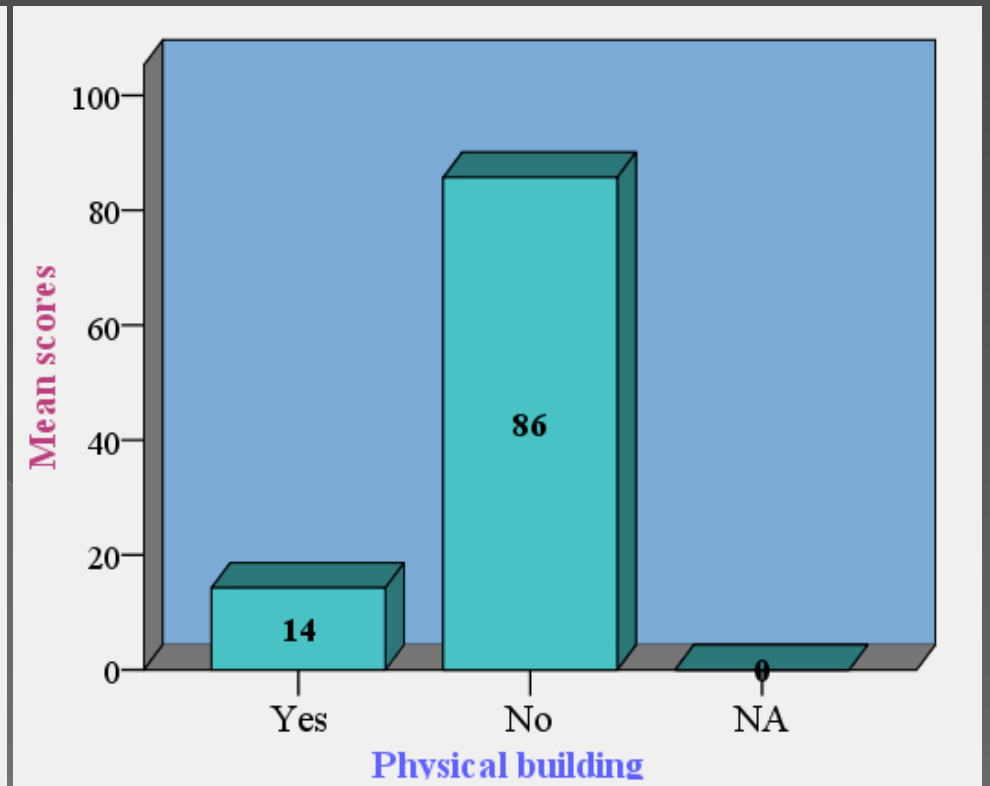
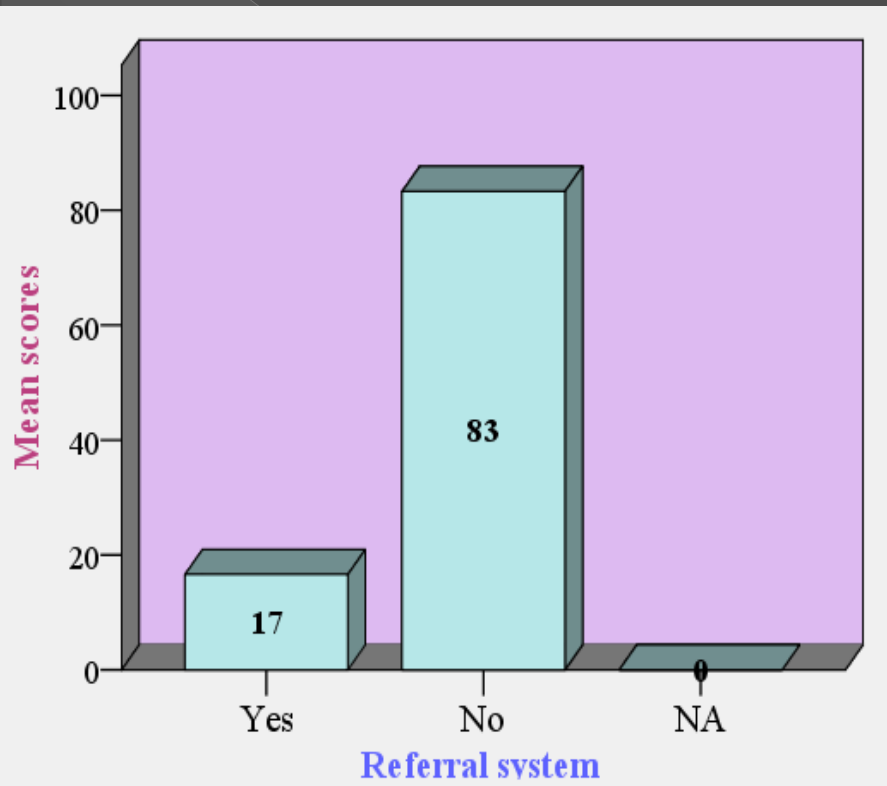
# The Chapters Include

- Management
- Patient Rights
- Human resources
- Education and Training
- Patients care & safety
- Employee Health and safety
- Environmental safety
- Patient medical records
- Health information system
- Quality improvement
- Physical building









# The Suggested Hierarchy

The Ministry of Health

**The Higher Committee 10-15 persons**

Technical Committee

**(5-7 experts in health care management and medicine)**

Sub Committee

**(Each DOH 3-5 persons)**

Steering Committee

**(Headed by the Quality manager Each facility assigns persons depending on the size)**

## Requirements for Implementation

1. Establishment of National Accreditation Committee of 10-15 people.
2. Core staff of implementation in health facilities become qualified after intensive trainings
3. Development of comprehensive set of Accreditation standards for hospitals and PHCC.  
{in Kurdistan we are here!!!}

## Requirements for Implementation Cont...

### 4. The Process:

- a. **Pre-application:** the facility shows readiness and receive trainings.
- b. **Application:** the facility submits application form
- c. **Self assessment:** the facility gather documentations
- d. **Site visit:** via site visits a report is developed
- e. **Recording:** creating database to record the findings
- f. **Making decision:** awarding accreditation status
- g. **Appeals:** complains and appeals are submitted
- h. **Reaccreditation:** reporting improvement or re-applying for accreditation

## Requirements for Implementation cont....

5. Providing training to professional decision makers in health about Accreditation policy and strategy.

**Notes:** In addition to overall project plan, it is often helpful to compile templates of all required policies and procedures that will need development and revision



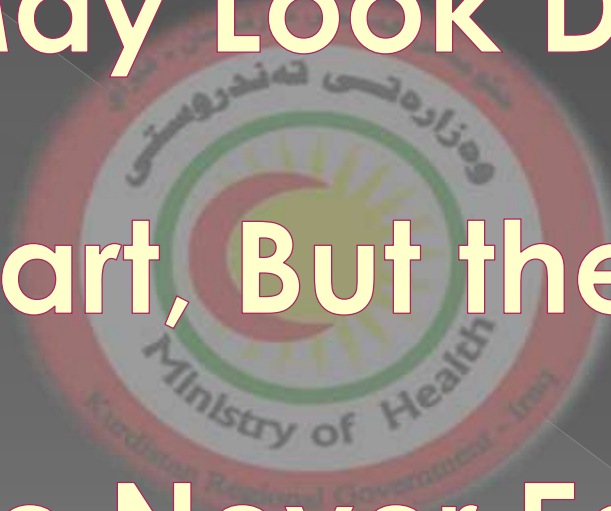
# How to Go About

P....D....C....A

- Plan
- Do
- Check
- Act



**These May Look Difficult  
at the start, But the First  
steps are Never Easy.**



Thank You

