Appendix 6A

Rating achievement principles in DDKM of 2012

Instruction for surveyors and accreditation award committee

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Danish Institute for Quality and Accreditation in Healthcare

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1. Introduction

The rating achievement principles are generic and are used in all the sectors which are part of DDKM. The individual sector specific set of standards shows which version of the rating achievement principles applies.

There may be sector specific additional regulations which are part of the criteria for awarding of accreditation status.

The term "institution" is used as an umbrella term for the organisational level which is accredited within a given sector, e.g. a hospital or a pharmacy.

1.1 The goal of the assessment

The assessment of an institution's compliance of the requirements in the accreditation standards in DDKM must

- Give the institution feedback as to which degree the institution meets the requirements in DDKM
- Guide the institution in the continuous work with DDKM
- Make the basis for awarding of accreditation status
- Be able to be used for analyses in connection with research

The assessment must take into consideration that DDKM is used in institutions of very varying size and character. It is furthermore desirable that the assessment is comprehensible for healthcare professionals but also for citizens in general.

1.2 Overall principles

The assessment of an institution's compliance of the requirements in DDKM is solely made on level of element of the standard as the overall compliance of the elements of the standard makes the basis for awarding of accreditation status. The surveyors' assessment of rating achievement of elements of the standard is based on a four-point scale. The scale reflects that it is not expected that all institutions can fully meet all the requirements in the elements of the standard. Thus, it is import that it is possible for the survey team to indicate whether a given noncompliance is regarded as significant or less significant.

No independent assessment at standard level is awarded. The survey report is, however, prepared in such a way that there is an overview of standards with elements of the standard which require follow-up.

The basis for awarding of accreditation status is an assessment of rating achievement of elements of the standard, step by step across the set of standards.

Below the rating achievement principles are specified and there is an instruction in how to use them in practice.

2. Assessment of elements of the standard

The assessment of elements of the standard has one of the following outcomes.

Level of rating achievement	Description
Met	All requirements have been met
Largely met	Some requirements of the element of the standard have been met and the noncompliance do not constitute a significant part of the requirement
Partially met	Some requirements of the element of the standard have been met and the noncompliance constitute a significant part of the requirement
Not met	No requirements have been met or only plans exist

2.1 The meaning of the context on level of rating achievement "fully met"

"All criteria have been met" means that everything that is required by the institution in question, including the institution's tasks and the context, the institution finds itself in, has been met. This means that the specific conditions which substantiates that an institution meets an element of the standard may be different from institution to institution. The description of the assessment at step 1 shows an example of this. The purpose of the text in the space "content of the standard"/background for the standard" in the accreditation standards is i.a. to clarify the framework for the context dependant assessment.

2.2 Not relevant elements of the standard

An element of the standard is rated "not relevant" if the activity which the element of the standard concerns cannot appear in the institution in question. This could be the case if the element of the standard concerns a service which is not provided by the institution in question. An element of the standard cannot be rated "not relevant" just because the management at an institution does not find it relevant to implement it. Objectively it must not be able to be used on the institution.

Examples: The standard regarding treatment of the individual acute patient is not relevant at hospitals which only receive elective patients. On the other hand, the standard regarding patient

transport with a health professional and the standard regarding prevention and health promotion are also relevant at private hospitals which carry out elective surgery. The space "Content of the standard" instructs how the standard is going to be understood in such situations.

Elements which have been rated as "not relevant" are not counted in in connection with awarding of accreditation status.

2.3 Assessment of rating achievement of elements of the standard at step 1

2.3.1 The basis for the rating

The rating is based on the following:

- If one joint document for the entire institution is required: Does it exist?
- If one joint document for the entire institution is not required: Does there exist one or several documents which together apply in that part of the institution where it is relevant?
- Does the document encompass what is required in the element of the standard? The accreditation standards often specify requirements to the content which support the assessment. The specific content and the specific degree of detail must, however, reflect the context. For example, hospital standard 2.18.1 requires guidelines for patient transport with health a professional and in the space "content of the standard" the content is further described. An emergency hospital, which often transports patients to regional hospitals, often need guidelines which in detail relate to all the items which are mentioned. A small hospital with elective surgery can settle with a simple check list which supports that transports in a given situation can be planned and implemented safely and which not necessarily specifies all requirements in detail.
- Does the user of the document understand the content? This assessment is based on the statements from the persons whose organisation has undergone survey and who are going to use the document. If the survey team thinks that the document is unclear it must try to clarify how the users understand the document. The comprehensibility only has to be assessed if there is a specific occasion to do so.

2.3.2 The outcome of the rating

Met (M)

- The document meets all the requirements to content and comprehensibility. This is also the case if the document does not meet all the requirements in the element of the standard but the survey team finds that the document in the context meets the requirements of the element of the standard.

Largely met (LM) or partially met (PM)

- The document exists but does not meet all the requirements to the content and comprehensibility AND/OR
- There are document(s) but not valid in all relevant areas AND/OR
- One joint document is required but there are only local documents

The outcome becomes LM.

- If the noncompliance concerns details in the document, which are only used in special situations, and not are critical to the patient safety OR
- If one joint document is required but there are local documents which cover all relevant areas in the institution OR
- If no joint document is required but there are local documents in a majority of the examined departments and it is not critical for the patient safety that the documents are noncompliant in specific areas

The outcome becomes PM if there are guiding documents but not enough to be LM

Not Met (NM)

- There is no document. This is also the case if there are no approved drafts or the like.

2.4 Assessment of rating achievement of elements of the standard at step 2

2.4.1 The basis for the rating

The assessment is based on findings collected in the following ways. For the individual element of the standard the method(s), which are suitable to illustrate the implementation of the working procedure, which is going to be examined, are selected. Most often one of the different methods mentioned below makes the basis for the assessment:

- Is the staff able to explain and/or demonstrate how the working procedure is going to take place?
- Can the staff's explanations be confirmed by the surveyors' objective observations? This could be observations or documentation in records
- Can the staff's explanations be confirmed by interviews with patients and/or relatives?
- Is there any help supporting a desired implementation of the working procedure (e.g. IT-systems, check lists, instrument trays or the like)?
- Does the staff knows where to get help if they are in doubt about what to do?
- How will the staff react if they see examples of breaches of the guidelines? Could e.g. be relevant in connection with assessment of hospital standards regarding hand hygiene and regarding surgical safety.

Normally, the assessment should be based on assessment of at least the square root n of possible departments rounded up to the next integer. If a working procedure in principle could be carried out

in 12 departments, it has to be assessed on at least 4 ($\sqrt{12}$ = 3,46). If the surveyors are unable to make a conclusion based on the first determined random sample, the assessment is made on several departments.

2.4.2 The outcome of the assessment

Met (M)

- The working procedure has been implemented in all departments where it has been examined. This is also the case if the implementation literally does not include all the requirements in the element of the standard but the survey team finds that the implementation in the context meets the requirements of the element of the standard.
- All elements of the standard are allowed findings of individual examples of noncompliance in the implementation if the survey team finds that these are isolated deviations which are not an expression of a general weakness in the implementation. No precise rules for the limitations between individual deviating findings and general weakness can be stated; e.g. the threshold will be lower in connection with patient safety critical procedures than in connection with administrative routines without direct significance for the patient safety.

Largely met (LM) or partially met (PM)

- The working procedure has been implemented in some but not all departments where it has been examined AND/OR
- The working procedure has been implemented in the visited departments but there are so many individual deviating findings that the implementation must be characterised as weak.

The outcome becomes LM

- If the noncompliance concerns sub-elements in the working procedure, which are only relevant in special situations, and not are critical to the patient safety OR
- If the working procedure has been implemented in a majority of departments where it has been examined but is weak in some of the departments without the survey team finding this critical for the patient safety OR
- If the working procedure has been implemented in the departments where it has been examined but where "isolated incidents" have been observed in a majority of departments

The outcome is PM if the survey team finds that the working procedure has been implemented to some extent in the institution but not enough to be LM.

Not Met (NM)

- The working procedure has not been implemented in the departments visited. This could also be the case if a few examples of correct working procedures have been observed. E.g. elements of the standard regarding implementation of surgical safety would have to be assessed NM, also if one individual surgeon on his own initiative has decided to use the surgical safety checklist.

2.5 Assessment of rating achievement of elements of the standard at step 3

2.5.1 The outcome of the assessment

Met (M)

- The quality surveillance has been implemented and meets all requirements regarding frequency and content. This is also the case if the quality surveillance not literally meets all the requirements in the element of the standard but the survey team finds that it in the context meets the requirements of the element of the standard.

Largely met (LM)

- The quality surveillance has been implemented; there is noncompliance in the content but the noncompliance comprise a less significant part of the whole (this requirement is only relevant if the element of the standard indicates specific requirements to the content) OR
- The quality surveillance has been implemented but there are a few loopholes in the frequency. Thus there is a systematic quality surveillance but is has not been completely implemented.

Partially Met (PM)

- The quality surveillance has been implemented; but there are considerable noncompliance in the content (this criterion is only relevant if the element of the standard indicates specific requirements to the content) OR
- The quality surveillance has been implemented but only sporadically. Thus, there are quality surveillance activities but they have not been implemented systematically.

Not met (NM)

- The quality surveillance has not been implemented. This is also the case if the quality surveillance has been planned but not implemented or if there are isolated examples of the quality surveillance in the institution.

2.5.2 Special rating achievement principles for elements of the standard at step 3 where the requirement is two ratings per accreditation cycle

Met (M)

- At least two assessments have been implemented of the quality of the required process or service in the institution where qualitative or quantitative data have been presented or assessed (no specific requirements to type or amount of data or shape of assessment) and from where there is a conclusion regarding the quality.

Largely Met (LM)

- This outcome does not exist here; either there are assessments or there are no assessments.

Partially Met (PM)

- Data have been collected which illustrate the quality of the required process or service in the institution OR
- The quality of the required process or service in the institution has been documented.

Not met (NM)

- The assessments have not been implemented. This is also the case if the assessments have been planned but not initiated or if there are isolated examples of the quality surveillance in the institution.

2.5.3 Special rating achievement principles for elements of the standard at step 3 where history of the quality surveillance has been required

Institutions which have been accredited earlier have to be able to show that they have continued the quality surveillance which took place in connection with the last survey if it is also required in the next version of standards. The assessment M thus requires that the quality surveillance has continued continuously between the two surveys. If the quality surveillance has been broken, the assessments becomes LM, PM or NM depending on whether the surveillance is "full of holes", "sporadic" or there has been "no" surveillance, cf. above.

Institutions which have not previously been accredited must be able to present at least one measurement for the element of the standard to be able to obtain M; and it must be clarified how the quality surveillance is going to continue. The same applies for all institutions whose element of the standard concerns quality surveillance which has not been required in the previous version of standards.

2.6 Assessment of rating achievement of elements of the standard at step 4

2.6.1 Not prioritised

If it can be documented that the institution in its prioritisation of the overall quality improvement effort explicitly has deselected an effort in this area, the element of the standard will be rated as "not prioritised". The number of not prioritised elements of the standard a step 4 is determined in sectors and is described together with any additional rules in connection with awarding of accreditation status (see paragraph 3.4).

2.6.2 The outcome of the assessment

Met (M)

- Initiatives have been made to improve the quality. The effect of the initiatives has been assessed and it has either been concluded that they had the desired effect or new corrective initiatives have been implemented. There are no special requirements to the form of this assessment. It is crucial that the institution has considered whether the effort had the desired effect.

Largely met (LM)

- Initiatives have been made to improve the quality AND
- The effect of the initiatives has been assessed and it has either been concluded that they had the desired effect or new corrective initiatives have been implemented.

Partially met (PM)

- Initiatives have been launched but not completed to improve the quality OR
- Initiatives have been made to improve the quality but there is no assessment of the effect

Not met (NM)

- No initiatives have been made to improve the quality. This also applies if initiatives have been planned but not been launched.

2.7 Reasons for rating of elements of the standard

The survey report has to be written in such a way that it

- is learning for the institution which receives it
- helps to ensure a consistent assessment practice

The assessments LM, PM or NM always require a reason. The assessment M is based on the cases where there are little noncompliance, but where everything which is required by the institution in question, the institution's tasks and the situation, the institution finds itself in, is present (see paragraph 2.1).

2.8 Requirements for follow-up of elements of the standard

If an element of the standard has been rated as PM or NM, the survey team recommends a follow-up. The recommendation must clearly describe:

- What is recommended to be followed up
- Which type of follow-up is recommended
- Reason for any recommendation about follow-up with a short deadline

Follow-up is not implemented if the awarded accreditation status is "accredited".

Any additional regulations for awarding of accreditation status may cause a follow-up in special cases where the assessment is LM.

The survey report provides an overview of standards with elements of the standard which require follow-up.

Instructive time limits for follow-up:

- Submission of documentation within three months
- Focused revisit within six months
- Focused resurvey within three months, possibly within one month in connection with conditions which are specifically critical for the service users' safety

2.9 Coherence between the ratings at steps 1 and 2 and steps 3 and 4, respectively

Some elements of the standard at step 2 refer to one or several guiding documents which are described in a similar element of the standard at step 1. In these cases the following apply:

- Step 1 NM → step 2 NM. However, step 2 can be assessed as PM if the survey team finds that, despite everything, some recognition should be given for the way the working procedure, which the element of the standard concerns, proceeds in the institution
- Step 1 PM → step 2 maximum PM.

Other elements of the standard at step 2 do not refer to guiding documents but describe something which the surveyors can assess directly without referring to the institutions' guiding documents. In these cases, the element of the standard at step 2 is independently rated at step 1.

Improvement proposals will normally be initiated based on identified quality flaws and an element of the standard at step 4 can only be rated to M or LM if the effect of the improvement proposal has been rated. It is therefore expected that there exist quality surveillance where improvement proposals are going to be implemented. However, there is no stringent connection between step 3 and step 4; but if step 3 has been rated LM or NM, a rating of step 4 as M or LM must be substantiated, so the reason for this clearly appears and it also clearly appears how it is connected with the low rating of step 3.

3. Awarding of accreditation status

3.1 Role of the accreditation award committee

After external survey, the survey report is presented before the independent accreditation award committee. The committee may change ratings of elements of the standard which are not in accordance with the rating achievement principles or established rating practice. Based on the rating

achievement of Elements and on the basis of the principles below, the accreditation award committee makes a decision about awarding of accreditation status plus content, shape and deadline for any follow-up.

3.2 Flow in connection with awarding of accreditation status

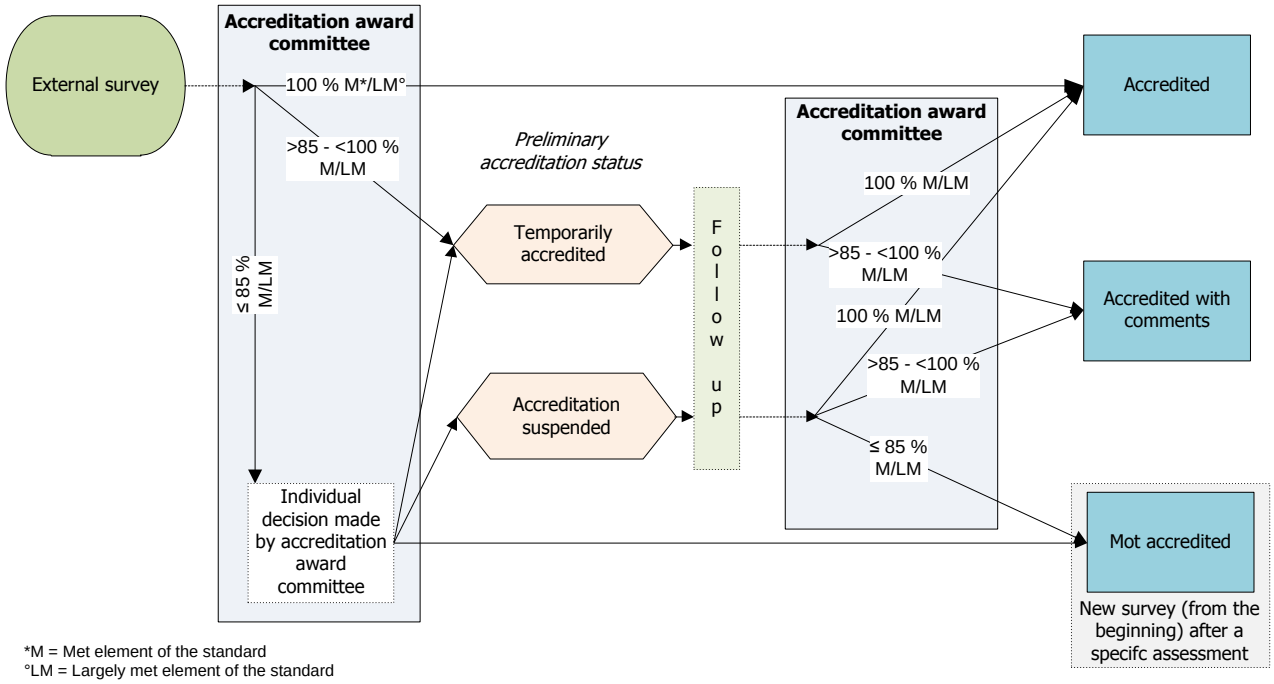
After completion of external survey, the further course is decided on the basis of the rating of the element of the standard. There are two limits:

- Above the upper limit the institution is awarded status as accredited
- Between the two limits the institution is awarded status as temporarily accredited/accredited with comments
- Below the lower limit the accreditation award committee decides whether status as temporarily accredited/accredited with comments can be awarded or status as accreditation suspended/accreditation is pending. This includes an assessment of whether the noncompliance in achievement of elements of the standard to a significant degree influences the institution's ability to ensure the service users' safety and legalised rights. In this context, safety means safety from injurious events and safety from injuries due to inadequate performance by the institution. In addition, noncompliance from previous surveys may still apply after a new survey still attaches importance to the accreditation award committee's specific assessment in connection with awarding of accreditation status.

The same limits are used in connection with the first rating and in connection with rating after follow-up. In all cases, the estimation is based on the ratings of all elements of the standard in the entire set of standards (apart from not relevant elements of the standard, elements of the standard at step 4 where the quality goal has been achieved plus not prioritised elements of the standard at step 4). For each element of the standard, the next rating is used. It thus has to be taken into account that the accreditation award committee may have changed the survey team's rating of a few elements of the standard.

Please be aware that a set of standards may include additional rules which have to be met for a given accreditation status to be obtained. More specifically the course can be as follow:

Figure 1. The course from external survey to final accreditation status



- The institution can be awarded **accredited** without comments and without requirements for follow-up
- The institution can be awarded **temporarily accredited**; follow-up will be required. If the institution then meets the criteria for being accredited (without comments) this takes place. Otherwise, the institution is awarded status as **accredited with comments**
- If the rating achievement of elements of the standard is below 85%, the accreditation award committee makes, after a specific assessment, the following decisions:
    - The institution is awarded **temporarily accredited** with follow-up as described above.
    - The institution's previous **accreditation**, if any, **is suspended**; follow-up is determined in the shape of focused resurvey which may result in status as **accredited, accredited with comments or not accredited**. If the institution has not already been accredited, this situation is called **"accreditation is pending"**
    - The institution is awarded the status as **not accredited**. This only takes place in exceptional cases and if the accreditation award committee finds that it is futile that the institution will be able to meet the standards to an adequate degree within the deadline for focused resurvey.

Institutions awarded the status "accredited" or "accredited with comments" must be regarded as accredited but with different degrees of subsequent development work.

3.3 Criteria for awarding of accreditation status

The main principles for awarding of accreditation status are the following: the overall effort is assessed across the entire set of standards and there are requirements for rating achievement of elements of the standard percentage-wise. The requirements for the rating achievement of element of the standard percentage-wise are the same for all four steps.

To be awarded status "accredited" the institution may not show any considerable noncompliance on the elements of the standard at each of the four steps. Considerable noncompliance are defined as "partially met" (PM) or "not met" (NM) elements of the standard.

Accreditation status is awarded on the basis of the lowest level for achievement of elements of the standard at a given step. If steps 1-3 have been met to "accredited" but step 4 has been met to "accredited with comments", then the institution is awarded status "accredited with comments".

	Accredited	Temporarily accredited/Accredited with comments	Specific assessment of the accreditation award committee
Step 1	100 %	> 85 % - < 100 %	≤ 85 %
Step 2	100 %	> 85 % - < 100 %	≤ 85 %
Step 3	100 %	> 85 % - < 100 %	≤ 85 %
Step 4	100 %	> 85 % - < 100 %	≤ 85 %

"Not relevant" elements of the standard, elements of the standard at step 4 where the quality goal has been met plus non-prioritised elements of the standard at step 4 do not count in the denominator when calculating whether the institution immediately can be awarded accreditation or whether the accreditation award committee has to assess it specifically.

3.4 Additional regulations in connection with awarding of accreditation status

3.4.1 Hospitals:

Patient safety critical standards
There are eight patient safety critical standards where the elements of the standard have to be met on a given level for accreditation to be awarded.

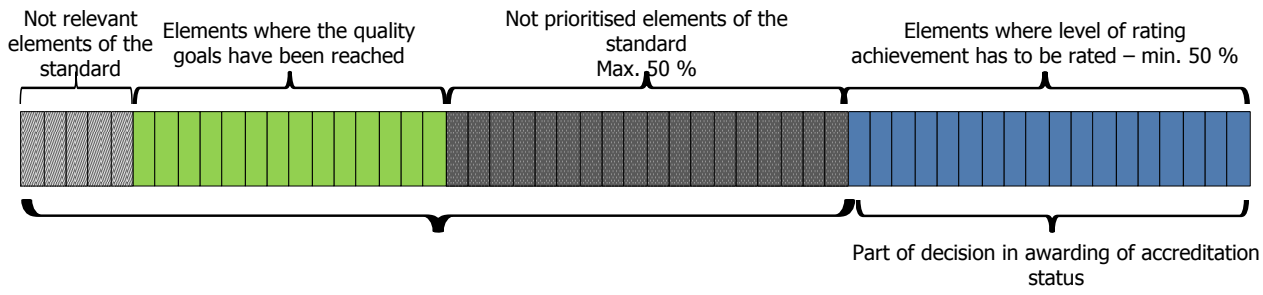
1.2.7 Patient identification
2.8.6 Timely reaction to test results
2.9.1 Prescription of medicine
2.9.2 Dispensing of medicine
2.9.3 Administration of medicine
2.10.1 Observation and follow-up on critical observation results
2.11.5 Surgical safety
2.13.1 Cardiopulmonary resuscitation

- To be awarded accreditation (without comments) it is required that all elements of the standard in the eight patient safety critical standards at steps 1 and 2 have been rated M.
- To obtain immediate awarding of temporarily accreditation it is required that all elements of the standard in the eight patient safety critical standards at steps 1 and 2 have been rated M or LM.
- If an element of the standard in the patient safety critical standards has been rated as met to a great extent, the survey team recommends a follow-up.

Not prioritised elements of the standard at step 4

It is possible for the hospital to deprioritise a certain part of the step 4 elements of the standard. To be awarded status as accredited or accredited with comments, maximum 50% of relevant elements of the standard at step 4 must be deselected as "not prioritised". Elements of the standard at step 4 are not relevant if the activity or service which the element of the standard concerns do not appear at the hospital or if the hospital meets the required quality goals.

Figure 2. Not prioritised elements of the standard *at step 4*



The division of not met elements of the standard

All elements of the standard in an accreditation standard may not be rated as NM.