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**HOSPITAL STANDARDS WORKSHOP**

**KEYNOTE PAPER**

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**POLICY OPTIONS FOR FINANCING HEALTH SERVICES IN PAKISTAN**

## INTRODUCTION

This paper is a description of the process being proposed to the Ministry of Health and the health care community of Pakistan for the development, implementation and enforcement of Hospital Standards. This paper will serve as the *keynote* address of a *Standards Workshop* to be held in Pakistan in June, 1992. In this light, the paper should be considered as a proposal for the development of such a system, and should serve as a catalyst to generate practical ideas and plans. Recipients of this paper are invited to consider its contents, and to develop *Workshop Papers* that may be presented to further refine these ideas, or to propose alternatives. Participants in this workshop will include health care leaders from the public, private, and academic sector. Participants will be charged with reaching an agreement to develop standards, deciding how and by whom standards would be developed, the composition of the monitoring and enforcement body, the basic points of regulatory legislation, and a time table for the completion of the process.

There is a growing consensus in the Pakistan Health Care Community that *national standards for the operation of hospitals should be developed*. These standards should cover the operation of autonomous government hospitals, and private hospitals of twenty five or more beds. The process of developing these standards will be begun at a national workshop on standards to be held in early June, 1992. The goals of these standards should be to promote the provision of quality health care in Pakistan Hospitals. Although many sectors of the health care establishment in Pakistan are in need of standards, the most critical targets, and those that may be most rapidly effected are these private hospitals and the autonomous government facilities.

It is important to note that the development of standards should be seen not as a punitive measure for hospitals failing to meet standards, but rather as an instructive guide for the provision of quality care. This is particularly true for government hospitals that would presently be unable to meet many standards due to a lack of resources. In this case, the standards should be seen as a goal for the process of conversion to autonomous status.

There are numerous issues presented throughout the paper that need to be addressed in the formulation of a workable system. Participants are requested to consider these issues and develop recommendations that may be

proposed, debated, and accepted during the workshop. The author has assisted the Ministry of Health of the Arab Republic of Egypt in developing similar standards, and has drawn ideas from the U.S. and Taiwan Accreditation Systems. There are however, numerous issues that are unique to Pakistan, and as such require the input of the respected health care experts who are being invited to participate in the Workshop.

In the following sections, the author presents a possible framework for a standards and accreditation system, and proposes methods that may be employed. All of these proposals are open for discussion, and should be debated by workshop participants. For the purposes of this paper, the described accreditation organization is being called the *Healthcare Provider Accreditation Council (HPAC)*. Although this name conveys the role of the organization, it is being used solely as a convenience in writing the paper. The final name of the organization should be discussed and chosen at the workshop. At the end of the workshop, it is hoped that a system unique to Pakistan will emerge, and will be implemented by the Pakistan Health Care Community. There is no one who understands the realities of the health care system of Pakistan better than the health experts who will participate in the workshop. Participants have a vested interest in assuring the success of this initiative in order to improve the quality of health care given to the people of Pakistan, and to maintain the respect due to the care givers.

### **STANDARDS DEVELOPMENT AND MONITORING ORGANIZATION**

The improvement and maintenance of the quality of patient care is the main goal any system to accredit hospitals. In order to achieve this, an organizational structure and methodology is needed for hospital accreditation, both in the development of standards, and in monitoring the compliance of hospitals to the standards. There are several alternatives that may fill this role. The first of these is for the government to set standards and monitor performance. Although there are good points to this alternative, the critical input of health care practitioners is not assured, and the system that evolves may be inflexible and too restrictive on innovation and progress.

Another alternative is a *Payor Driven System*, where standards are enforced by the payers of medical care. Government agencies that pay the

costs of health care, or insurance companies that reimburse physicians and hospitals may require compliance with certain standards before a provider is able to collect fees. The major draw back of this type of system in Pakistan is the present lack of a large insurance system. In the development of an insurance program for the future however, a key ingredient should be the requirement of compliance to standards in order to be reimbursed for health care services.

A third alternative is the *Peer System* such as is employed in the U.S. This system has the advantage of being run by the health care providers themselves, and as such has a very high level of technical validity. The weakness of this system is on its heavy reliance on practitioners to police their own ranks. An example of the effectiveness of this method is the U.S. *Joint Commission for the Accreditation of Health Care Organizations (JCAHO)*. The JCAHO is responsible for setting hospital standards in the U.S., and for monitoring the compliance of hospitals to these standards. A hospital that substantially meets these standards is *Accredited*. Although the JCAHO is a private non-government organization created by the medical and hospital associations, its standards are very high, and the earning of accreditation carries considerable weight. Many states require the JCAHO accreditation of hospitals in order to receive a hospital license, and can do so with confidence as the JCAHO is very strict in adhering to standards.

An example of a shortcoming of the peer system is the control of medical licenses by some state medical societies. Although the initial granting of a physician license is according to strict guidelines, in some states the revoking of medical licenses from incompetent practicing physicians is poorly controlled. There has been a reluctance of physicians to complain about their fellow practitioners in cases of incompetence, and a reluctance on the part of medical societies to take disciplinary action, even when unacceptable behavior has been reported.

An alternative that Pakistan should consider is that of a joint peer/government organization that would be responsible for the development and enforcement of hospital standards. This body could benefit from the technical responsiveness of a private sector/peer organization, and the enforcement power of a governmental organization.

The creation of this body would allow medical professionals to set the standards by which they would be expected to practice, and would assure the sharing of influence over the future directions of health care by both government and the private sector.

In the near term, the organization would be responsible for the development and updating of hospital standards; the monitoring of hospital compliance with those standards; and, the imposition of sanctions and penalties on those organizations that do not meet the standards after sufficient warning and time to achieve compliance. In the more distant future, the role of this organization could expand to cover the practice of physicians, and the operation of clinics and other health care providers.

### **STRUCTURE OF THE HEALTHCARE PROVIDER ACCREDITATION COUNCIL**

The Healthcare Provider Accreditation Council (HPAC) could be made up of the following organizations:

- The Pakistan Medical Association
- The Private Hospital Association
- The Pakistan Nurses Association
- The Pakistan Nurses Foundation
- The College of Physicians and Surgeons
- The Pakistan Medical and Dental Council
- The Provincial Departments of Health
- The Federal Ministry of Health

The Healthcare Provider Accreditation Council could be chartered as an *Autonomous Body*, with a Board of Directors made up of two members from each of the non-governmental organizations and the Federal Ministry of Health, and one member from each of the Provincial Health Departments. The member

organizations would each select their representatives to the Board of Directors. Board Members would serve for a three year renewable term (renewable at the discretion of the member organization).

Figure 1 shows an organizational chart for the HPAC. The Secretariat would consist of the permanent staff of the HPAC who would be responsible for the day-to-day functioning of all activities. The Secretariat would also oversee the monitoring and enforcement of hospital compliance with standards. A number of *Inspectors* would conduct the actual monitoring of hospitals, and report their findings to the Secretariat. The *Standards Committees* would consist of volunteer members who would be selected by the member organizations in each specialty area<sup>1</sup>. Committee Members would serve for a two year renewable term.

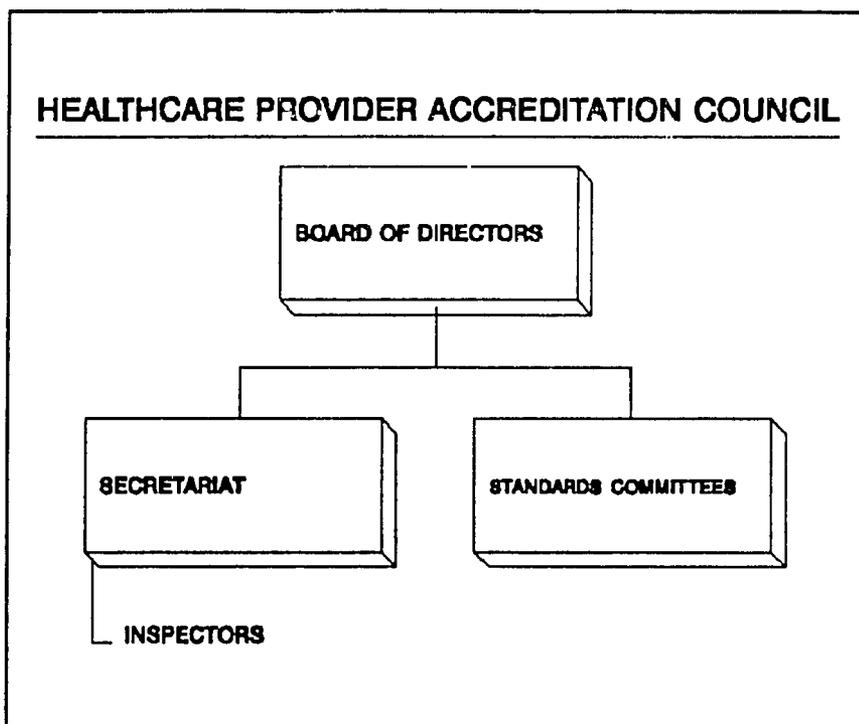


Figure 1 HPAC Organizational Chart

<sup>1</sup> As an example, the Pakistan Nurses Council and Federation would select committee members to work on *Nursing Standards*, while the Pakistan Medical Association and the College of Physicians and Surgeons would select committee members to develop *Surgical Services Standards*.

**HPAC AUTHORITY**

The HPAC would need the authority to inspect hospitals, and to impose penalties and sanctions on those hospitals that do not comply with standards. (see *Sanctions* section)

***ISSUE: HPAC AUTHORITY***

In order to fulfill its mission, the HPAC would need appropriate authority, and legislation will need to be developed to require accreditation of autonomous government hospitals and private hospitals of twenty five or more beds. What form should this authority and legislation take? What would the legal status be?

**HPAC FUNDING**

The HPAC will require funding in order to carry out its duties. Although the development of hospital standards can be accomplished at minimal cost, the completed standards will need to be reviewed, word processed, edited, and published. The organization will require a number of full time and part time paid staff in order to disseminate the standards, and to carry out the inspection and accreditation process. Although these costs can be kept to a minimum, a certain level of *start-up* and *operationa!* funding will be needed.

***ISSUE: HPAC FUNDING***

Start up funding and operating funding will be needed for the HPAC to carry out its mission. Where will this funding come from? Several possibilities need to be considered: 1) Hospitals pay for inspections in order to become accredited; 2) Hospitals pay an annual fee; 3) The government provides start-up funding; 4) The government pays operational costs; 5) A donor agency such as the World Bank provides start-up funding; or, 6) Other sources of funds

## HOSPITAL STANDARDS DEVELOPMENT

The first task to be undertaken by the HPAC will be the development of *Hospital Standards*. As stated above, the actual standards will be developed by *Standards Committees* composed of experts in each of the relevant fields. The section below will describe a process that the committees could follow in the writing of standards, but first, it will be helpful to review what standards are.

### What do standards accomplish?

- Standards must serve to educate relevant staff, managers and practitioners on what constitutes minimum acceptable and preferable practice in the delivery of health care;
- Set minimums for quality of care, but encourage superior performance;
- Force an improvement in conditions and practices;
- Provide, where possible, measurable indicators of quality of care.

### What do standards look like?

- Standards describe minimal acceptable practice, equipment, facilities, personnel, or personnel qualifications;
- Standards illustrate "ideal" practices and conditions that are at a level that is achievable by MOH and private hospitals;
- Standards are specific enough to guide actions, but are broad enough to allow adaptation to local circumstances.

*Figure 2* is an example of the Standards that were developed for the Ministry of Health, Arab Republic of Egypt. They were developed through the same committee process that is proposed for the development of Pakistan's HPAC Standards. The committee that developed these Standards first examined the Standards of the U.S. JCAHO (*Figure 3*) to get an understanding of what a successful standard looked like. The U.S. Standards

were then put aside, and a single committee member wrote new standards based on what were felt to be the realistic ideal practices that were achievable in Egyptian MOH hospitals. The Standards Committee then reviewed the member's draft, debated its merits, agreed on changes, and submitted the draft for publication. This procedure has proven to be successful, and should therefore be considered for use.

Another important task of the Standards Committees will be the updating of standards. Standards must keep pace with changes in technology and with changes in the health care system. It is only by

continually updating standards that the accreditation program will continue to have a positive effect on the quality of patient care. It is recommended that the Standards Committees be reconvened every two years to review the standards in the light of changes in the health system, and make what ever modifications

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**SECTION 15 SPECIAL CARE UNITS**

- 15.1 Special care units include general ICU, Burn unit, renal unit, cardiac/cardiovascular surgical unit, neurosurgical unit, coronary care unit, respiratory unit and neonatal unit.
- 15.2 I.C.U. is established for patients requiring extra ordinary concentrated care on a continuous basis. The Scope of services provided has to be specified. For a general hospital, a general I.C.U. should be available to care for different specialities run by the hospital and should be integrated with other departments of the hospital. For Specialized hospitals and institutions, the proper special intensive care units are established according to the specialization run by the hospital.
- 15.3 The I.C.U shall be properly directed and staffed according to the specialization. The director for the I.C.U. should be a member of the medical staff, who has special training, qualifications, experience and competence in the speciality related to the care provided in the unit.
- 15.4 Medical staff coverage shall meet the special care needs of the patients and circumstances should be stated under which consultation by a qualified specialist is required.
- 15.5 Supervision of nursing care in the unit is provided by a designated registered nurse with relevant education, training, experience and competence.
- 15.6 All personnel shall participate in relevant education and training programs (e.g. C.P.R. parenteral fluids, electrolytes, blood and parenteral feeding, emergency medicine, infection control, psychological and social needs of patients.)

SECTION 15 - 1

*Figure 2 Example from Egypt Standards Manual*

are needed to bring the standards up to date. These changes would then be published by the H P A C and disseminated to all hospitals covered by the accreditation system.

**STANDARDS  
COMMITTEE  
PROCESS**

The proposed committee process that may be used to develop standards is a relatively simple procedure that can be completed in a reasonable period of time. The Egyptian Standards comprise thirty section covering all aspects of hospital operations. It is important to note that not all of the standards were developed at the same time. Early in the development process, areas of highest priority were selected for immediate attention while other less critical sections were left for future development. In a latter section of this paper, proposed standards sections are outlined, and those of a critical nature are highlighted. Once the most critical areas in terms of effect on patient care

Accreditation Manual for Hospitals, 1992		Pathology and Clinical Laboratory Services • 87	
<b>PATHOLOGY AND CLINICAL LABORATORY SERVICES</b>			
<b>PA.1</b>	<i>Pathology and clinical laboratory services and consultation are regularly and conveniently available to meet the needs of patients, as determined by the medical staff.</i>	1	2 3 4 5 NA
<b>PA.1.1</b>	Pathology and hospital clinical laboratory services are directed by an individual(s) who is qualified to do so.	1	2 3 4 5 NA
	PA.1.1.1 Clinical laboratory services are under the direction of a physician or a doctoral scientist who is qualified by virtue of documented training, expertise, and experience to assume professional scientific, consultative, organizational, administrative, and educational responsibilities for the facilities and for the services rendered. In a hospital where the director of clinical laboratory services provides clinical consultation and/or medical opinions, the director is a physician, and preferably a pathologist.	1	2 3 4 5 NA
	PA.1.1.2 Anatomic pathology services are under the direction of a pathologist.	1	2 3 4 5 NA
	PA.1.1.3 Blood transfusion services are under the direction of a pathologist or other physician who is qualified in immunohematology and is knowledgeable about the principles of hemotherapy and blood banking.	1	2 3 4 5 NA
<b>PA.1.2</b>	There are sufficient qualified personnel with documented training and experience to supervise and conduct the work of the laboratory(s).	1	2 3 4 5 NA
	PA.1.2.1 The director(s) is knowledgeable about the laboratory services offered and is available to render administrative decisions and to assist in obtaining other required professional consultation.	1	2 3 4 5 NA
	PA.1.2.1.1 An individual determined to be competent to do so effectively communicates with the practitioner, when appropriate to clinical circumstances, in order to discuss, relate correlations, or interpret the clinical significance of laboratory results.	1	2 3 4 5 NA
	PA.1.2.2 When a pathologist is not the director of clinical laboratory services, the services of a pathologist are retained where the functions of the laboratory(s) so require.	1	2 3 4 5 NA
	PA.1.2.3 When the director(s) is a physician who serves in a clinical supervisory capacity but is unable to supervise the technical aspects of laboratory procedures, appropriate technical supervision is provided.	1	2 3 4 5 NA
	PA.1.2.4 When the director(s) is a physician, he/she is appointed or elected by the process outlined in the medical staff bylaws.	1	2 3 4 5 NA
	PA.1.2.4.1 When the director(s) is a physician, he/she participates in medical staff functions as required.	1	2 3 4 5 NA

Figure 3 An Example from the JCAHO Manual

are developed, the standards should be published and the process of hospital compliance and inspections begun. Those areas considered less urgent may be developed at a more liberal pace, and published and disseminated as periodic updates to the standards manual.

In brief, the committee process is as follows:

- Committee members are selected by HPAC member organizations;
- Educational materials such as copies of the JCAHO and Egyptian Standards are forwarded to committee members along with instructions on the development of standards, the members' assignment to specific committees, and specifications on areas to be studied and drafted;
- Each member reviews the materials and develops a draft of key issues, procedures, and technology elements that in the members opinion should be included in the standards;
- Stage a committee meeting:
  - 1) Discuss and review the standards development process and the goals of standards, particularly in the technical area being considered by the committee;
  - 2) Discuss the key issues, procedures, and technological elements contained in the members' drafts;
  - 3) Select a lead writer for each standards section, specify who will review the material developed, and work out details of the review process;
  - 4) Give copies of drafts to lead writers, and set time table for completion of section drafts and for draft review;
- Lead writers produce drafts of standards sections and forward to reviewers;
- Reviewers propose changes and/or write alternatives

- Committee reconvenes:
  - 1) Formally reviews the draft sections and proposed changes/alternatives;
  - 2) Agrees on and writes final draft of standards section;
  - 3) Forwards completed draft to HPAC Secretariat;
- HPAC reviews, word processes, edits, publishes, and disseminates *Standards Manual*.

This process, if diligently followed should be able to publish the first version of the *Standards Manual* within six months. Again, this would not be the complete manual, but would cover those sections that would be critical to beginning the accreditation process. The following sections of this paper review proposed areas that could be covered by standards, the priority areas for initial development, and proposed committee areas of responsibility.

### **STANDARDS MANUAL SECTIONS**

The following list is taken from the Egyptian Standards Manual. It is used to illustrate areas for standards that should be considered by Pakistan. Not all of the areas may be necessary in Pakistan, while other technical areas should be considered.

1. GOVERNING BODY AND CHIEF EXECUTIVE OFFICER/DIRECTOR
2. MANAGEMENT AND ADMINISTRATIVE SERVICES
3. PERSONNEL POLICIES AND PROCEDURES
4. FINANCIAL MANAGEMENT
5. UTILIZATION REVIEW AND QUALITY ASSURANCE
6. PATIENT SATISFACTION AND FACILITY PROMOTION

7. MEDICAL STAFF
8. NURSING
9. EMERGENCY SERVICES
10. SURGICAL AND ANESTHESIA SERVICES
11. PHYSICAL REHABILITATION SERVICES
12. AMBULATORY SERVICES
13. RESPIRATORY CARE
14. SOCIAL SERVICES
15. SPECIAL CARE UNITS (ICU, CCU, BURN UNIT)
16. PEDIATRIC CARE
17. INFECTIOUS DISEASE AND OTHER SPECIALTY UNITS (ORL, T.B. ETC.)
18. INFECTION CONTROL
19. LABORATORY
20. RADIOLOGY
21. PHARMACY
22. DIETARY SERVICES
23. MEDICAL RECORDS
24. MEDICAL LIBRARY
25. HOUSEKEEPING, PHYSICAL PLANT MAINTENANCE AND OPERATION,  
SAFETY, AND SANITATION

26. BIOMEDICAL EQUIPMENT MAINTENANCE

27. ENGINEERING AND ARCHITECTURE

28. STAFF DEVELOPMENT AND TRAINING

29. SECURITY

30. PURCHASING, CENTRAL SUPPLY, AND STERILE SUPPLY

Consideration should be given to this list of technical areas by Workshop Participants, and a list meeting the needs of Pakistan developed.

### **STANDARDS COMMITTEES AND PRIORITY SECTIONS**

In order to achieve an effective accreditation system in the most efficient manner, areas for priority development must be selected, and committee resources marshalled accordingly. It is proposed that four standards committees be established to cover the priority areas. A proposed list of committees follows, along with their areas of responsibility in covering the priority sections of the Standards Manual.

#### **Management Committee:**

- GOVERNING BODY AND CHIEF EXECUTIVE OFFICER/DIRECTOR
- FINANCIAL MANAGEMENT
- MANAGEMENT AND ADMINISTRATIVE SERVICES
- PERSONNEL POLICIES AND PROCEDURES

#### **Patient Care Committee:**

- MEDICAL STAFF
- NURSING

- MEDICAL RECORDS
- QUALITY ASSURANCE
- INFECTION CONTROL
- AMBULATORY SERVICES
- SURGICAL AND ANESTHESIA SERVICES
- SPECIAL CARE UNITS (ICU, CCU, BURN UNIT)

**Technical Services Committee:**

- LABORATORY
- RADIOLOGY
- PHARMACY

**Hotel Services Committee:**

- HOUSEKEEPING, PHYSICAL PLANT MAINTENANCE AND OPERATION, SAFETY, AND SANITATION
- BIOMEDICAL EQUIPMENT MAINTENANCE
- PURCHASING, CENTRAL SUPPLY, AND STERILE SUPPLY

The above lists of committee responsibilities are arranged in suggested order of completion.

**ISSUE: WHO SHOULD BE NOMINATED TO THESE COMMITTEES?**

Given the nature of the above listed priority areas, who are the most able and respected members of the Pakistan Health Care Community that should be nominated to these committees?

**MONITORING HOSPITAL COMPLIANCE**

Once standards are completed, published and disseminated, hospitals that are covered by the accreditation program will need to implement programs to bring the facilities into compliance with the standards. It is suggested that the HPAC set an initial grace period for hospitals to come into compliance with the standards lasting approximately two years. During this grace period, hospitals can study the standards and develop and implement programs to meet the standards.

The HPAC will begin inspecting hospitals on a voluntary basis during this period as part of the learning process for both the hospitals and the HPAC. The results of these initial inspections should be non-binding in the case of failure to meet standards, but should award *Accreditation* for those facilities that pass inspection. It is suggested that Accreditation be awarded for a period of three years with renewal based on reinspection. As an incentive to hospitals to gain accreditation during the initial grace period, accredited status would begin immediately upon passing, and would last for three years *past the end of the grace period*.

Hospital inspections should occur for the following reasons:

- To gain accreditation;
- To renew accreditation;
- In response to complaints of unsafe practices that endanger the lives of patients or hospital staff.

There are issues that need to be decided in determining *how* inspections will be performed. One alternative is to have inspectors rate the hospital on each and every standard. Although thorough, this process would be very time consuming. Another alternative would be to develop an *Inspection Instrument* that would be comprised of *key indicator standards*. The hospital would be judged according to its performance in these key areas, which, if properly chosen, would save considerable time in completing the inspection yet give a reliable indication of the quality of care being delivered. If the instrument alternative is chosen, it is suggested that the HPAC solicit outside technical assistance in its development.

Consideration should be given to how the results of an inspection will be judged. One alternative is to have the inspectors pass judgement on the hospital based on the results of the inspection, and on their own impressions. The second alternative is to weight the standards (either all standards or those on the *Instrument*) and assign a numerical score for level of compliance. The hospital would pass inspection based on achieving a certain total score. For example, on a 1000 point scale, 800 or better would pass and become accredited, while less than this score would fail.

***ISSUE: INSPECTION METHODOLOGY***

Should a hospital be inspected on each standard, or should an inspection instrument be developed? Should standards be weighted and hospitals pass/fail according to a numerical score, or should accreditation be based on inspector judgement?

The output of the inspection would be forwarded to the HPAC Secretariat. The Secretariat would review the inspectors' report, and based on the inspectors' recommendations or the inspection score, make a determination on accreditation and send a copy of the report to the MOH and the hospital director. If the hospital passed, a certificate of accreditation would accompany the report to the hospital director.

Other issues to be decided at the Standards Workshop is who will be

HPAC Inspectors, what skills are required, and how many inspectors will be sent to inspect a hospital. It is vital that inspectors be qualified to judge the technical status of a hospital, but the specialties that are represented on the inspection team are open to debate. It is suggested that at a minimum, four technical areas be represented on each team. Those areas are:

- Administration/management to review financial, general, and logistics management of the hospital;
- Medical/surgical to review medical and surgical services;
- Nursing to review nursing services and patient care; and,
- Technical to review diagnostic (x-ray, lab, etc.) service.

***ISSUE: INSPECTORS***

What qualifications should inspectors have? How should they be selected? Will they be full time or part time? If part time, will they be paid? Should the inspectors be highly skilled in specific areas, or should they have more general knowledge? How many inspectors and of which technical skill set should be on each inspection team?

Finally, it is important how the inspection is carried out. The main function of the inspection process should be educational. The inspection should be carried out in the presence of responsible parties at the hospital, and problem areas should be identified and discussed. The aim of the inspection process should be to uncover problem areas and work out corrections to the problems. Above all, the inspectors should **offer solutions and alternatives to problems found, not just criticism.**

**HPAC IMPOSED SANCTIONS**

In order to effectively enforce the compliance with hospital standards, the HPAC will require the authority to impose sanctions and penalties. Sanctions and penalties should only be imposed for the most severe infractions, and only

after time has been allowed to correct the problem. The important consideration in the case of sanctions is that they should only be used if persuasion and constructive advice fail to correct non-compliance problems. It is also important that different levels of sanctions be available, and that the severity of the sanction fit the severity of the offence. Care will need to be exercised in administering sanctions. For example, a hospital may get an overall low score on an inspection, but have no acute threats to patient or staff health or safety. This hospital would not be accredited, but it would also not have any additional sanctions imposed on it. The other example would be a hospital that achieves an overall high score, but has some practice or condition in one area that is a definite threat to patient or staff health or safety. In this case, not only would accreditation be withheld, but if the hospital did not correct the problem after a reasonable period of time, an additional sanction or penalty could be imposed.

It is suggested that in the case of an acute and substantial threat to patient or staff health or safety, the HPAC be given the authority to a) close the offending department or service immediately if necessary, or b) close the offending service after sufficient warning and time have been given to correct the problem. Again, this should only be employed in the most severe of offenses, and the hospital should be allowed to reopen the service once it has demonstrated that the problem has been corrected.

In most cases, the infractions will be less severe as would be the imposed sanctions. Examples of such lessor infractions would be the operation of a patient care service without a required qualified personnel, or without a required piece of equipment; or, a low level safety or sanitation violation.

Appropriate sanctions will need to be developed for lessor infractions. Some methods to consider are fines, or publishing the names and details of offending hospitals in the press.

***ISSUE: SANCTIONS AVAILABLE TO HPAC***

What types of sanctions should be available to HPAC? For what types of violations should they be imposed?

In the case of an imposed sanction, or the denial of accreditation, an appeal process should be available to hospitals. Possible alternatives are:

- HPAC Secretariat
- HPAC Board of Directors
- The Ministry of Health
- The Courts

In developing an appeals process, a formalized process should be specified.

### **ADDITIONAL ISSUES**

Although the author has identified and discussed many of the issues raised in developing a standards and accreditation process, additional issues remain to be resolved. These issues are listed below. However this list is not to be considered all inclusive. It is hoped that issues will be raised and discussed at the upcoming Workshop.

#### ***ISSUES: ADDITIONAL***

How will administrative and publishing support be provided?

Who will provide technical review and technical assistance to the Standards and Accreditation process?

What will the logistical arrangements be for Standards Committees?  
Where will they meet? Will they be paid an honorarium and/or per diem?

Will HPAC Board Members be paid honorariums and/or per diem?