



Kazakistan'da Sağlık Hizmetlerinde Akreditasyon; Metodoloji ve Etkiler

Healthcare Accreditation in Kazakhstan: Methods and Impact

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ÖZET

Günümüzde sağlık arenasında sağlık hizmeti kullanıcıları ya da medya tarafından sağlık alanında farklı tartışmalar gündeme getirilmektedir. İster sağlık hizmeti sunan, ister hizmet kullanıcısı ya da hizmeti sağlayan kurum olsun hepsinin de ortak amacı sağlık çıktılarının doğru bir biçimde ölçülmesi, raporlanması dolayısıyla kanıta dayalı bu çabalarla hizmetin iyileştirilmesidir. Bu alanda yıllardır Dünya Sağlık Örgütü kalite değerlendirme, performans iyileştirme ve çıktı değerlendirmeleri ile ilgili sayısız aktiviteler yerine getirirken, son yıllarda pek çok ülke ve kuruluşlarda bu çabalara ortak olmakta ve sağlık hizmetlerinde kaliteyi objektif olarak değerlendirmeye uğraşmaktadırlar. Bu bağlamda karşımıza tüm bunları gerçekleştirmede anahtar oluşumların sertifikasyon, ruhsatlandırma ve akreditasyon olduğu gerçeği çıkmaktadır.

Bu makalede sağlık hizmetlerinde kalite yaklaşımı, kavramlar, tarihçesi ve sağlık kuruluşlarında uygulanan akreditasyon çalışmaları tartışılacaktır. Sağlık hizmetlerinde akreditasyon ve bazı akreditasyon modelleri Kazakistan'da kurulan sağlık hizmetlerinde akreditasyon sistemi örnek alınarak detaylarıyla tartışılacaktır.

ABSTRACT

In today's health care arena, a number of issues are being raised that have received more attention either from the health care consumers or the media. Whether as a provider, a consumer or a purchaser, each was looking for ways to satisfy the other through measuring and reporting on care outcomes. All of these activities were done in the effort to measure performance. WHO organized and facilitated a number of activities related to quality assessment, performance improvement and outcome measurement. A large number of countries and institutions participated in these activities and initiatives. And at the end, all agreed that there had to be an organized mechanism to account for quality, continuous measurement and improved performance in health care organizations. In order to do this a mechanism for certification, licensure or accreditation should be put in place.

In this article we will discuss the importance and the components of quality in health care and accreditation. A detailed exploration of accreditation will take the majority of discussion of this article. The process and the methodology of accreditation will be discussed and a system for its implementation is presented as a case study of Republic of Kazakhstan.

INTRODUCTION AND BACKGROUND

Health facilities and Healthcare professionals are dedicated organizations and individuals who require minimal direction and supervision to perform their duties. Healthcare organizations are comprised of true professionals. These professionals are bound to their code of ethics and their fiduciary responsibility to perform well and render quality services to their clients. Care providers are the type of professionals that embody such beliefs and such behavior. Motivation in any form combined with other methods to improve performance or maintain certain level of accomplishment are paramount. Healthcare professionals are self-dependent

but thrive on encouragements and would perform even better in a culture of constant appraisal that rewards positive outcomes and excellent performance.

It is a widely accepted belief that accreditation, as a system and mechanism, has the ability to improve process and outcome. Several studies have documented the impact of accreditation on organizations and their clients. Organizations that participate in accreditation have shown improved patient and environmental safety as well as a more satisfied patients and staff. Accreditation fosters "an ongoing improvement process that continually stimulates vital educational efforts through a process of self-regulation. In seeking

accreditation organizations must meet rigorous organizational and training standards, which are considered essential for quality education. Accreditation ensures that the training organization has undergone a self-study and validation process with a third party accrediting agency.”

http://accreditationtrainingadvisors.com/knowledge_base/what_is_accreditation.html (2015)

According to Alion (a United States highly regarded government sponsored laboratory), accreditation is a tools to achieve; Recognition, Confidence, Preparedness, Sponsorship, Collaboration, Recruitment, Improvement (Alion, 2015). For healthcare organizations, participation in accreditation will promote a quality and safety culture. One that crosses departmental borders and leaps outside organizational boundaries. Motivated organizations that seek accreditation must have a motivated workers. Knowledge about worker motivation can help in promoting learning, interdisciplinary teambuilding and service improvement (Greenfield et al., 2011).

The International Society of Quality in Health Care (1998) defines accreditation as:

“...self-assessment and external peer review process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system. Quality standards and the external peer review process are directed by nationally recognized autonomous, independent accrediting agencies with a commitment to improve the quality of health care for the public”.

Accreditation is a rigorous and comprehensive evaluation process through which an external accrediting body assesses the quality of the key systems and processes that make up a healthcare organization. Accreditation includes an assessment of the care and services that healthcare organizations are delivering in important areas such as preventive services and client satisfaction. Accreditation was developed in response to the need for standardized, objective information about the quality of healthcare organizations. Almost all accreditation programs are voluntary. Organizations seek accreditation for different reasons but most do so in an effort to increase market share and to win customer satisfaction and professional reputation.

Each health service organization's performance is assessed against a set of national (or international) standards developed by the accrediting organization in collaboration with key players in the healthcare system and related stakeholders. The assessment is designed to address processes, outcomes and structures, with the

focus on continuous improvement within the health service delivery system.

The value of accreditation is in the internal self-assessment that an organization undergoes in preparation for the survey visit and in the consultative peer review process which is part of the on-site survey visit. The principle of self-assessment is the fundamental basis of accreditation. It serves as the mechanism by which an organization can assess its own performance, on an ongoing basis, against the national or international accreditation standards.

For more than six decades, accreditation has been the highest form of public recognition a health care organization could receive for the quality of care it provides. Accreditation offers quantitative as well as intangible benefits to a healthcare organization besides public recognition.

Healthcare consumers are becoming increasingly aware of the different requirements a healthcare organization must meet in order to be considered a quality organization. They are also becoming interested in learning about the status of care provided by an organization judged by its peers or professional experts. Accreditation provides just the answers and the assurances for which health consumers are asking. Accreditation provides for a mechanism for an objective unbiased peer review of a health organization. It provides the consumer a set of measures by which they can judge a healthcare organization in comparison with similar organizations. With the seal of approval, accreditation provides the consumer a level of comfort ensuring that a healthcare organization has been checked and is considered a quality organization since it has passed a rigorous set of evaluation processes and is complying to a set of high industry standards. In essence, accreditation could be defined as the process of assessing the quality of an organization for the purpose of providing comparative information to the customer.

As such, accreditation provides a mechanism for comparison between healthcare organizations. Those organizations that have achieved accreditation, especially “commendation” or “excellent” status, will have a positive image and will use that distinction to market their services accordingly. Accreditation can therefore be used as a tool for positive marketing and as a tool that enhances positive competition between health care organizations. Competition can be based on price or other factors. Competition based on quality as exemplified by the attainment of accreditation is a form of non-price competition and is a form of positive competition. This type of accreditation is in contrast with the type of competition exhibited by and between political candidates where they each try to find

weaknesses in each other's performance or character to attack and "win". Positive competition on the other hand encourages benchmarking and identifying the positive attributes of your competitor in order for you to achieve even a better level of these attributes in your organization. It is a process of a continuous search for excellence and a mechanism for emulating that excellence in one's own systems. Accreditation facilitates this process and encourages it.

As stated earlier, achieving accreditation by a healthcare organization requires a rigorous and demanding process of enhancing performance and care processes and receiving it is equivalent to receiving a quality award. It is basically a seal of approval on the quality of one's own organization. This recognition certificate is usually worthy of announcement and heavy marketing to promote it. It is both rewarding and beneficial to an organization and its employees. Accreditation can also be used as the mechanism for rewarding individuals who have worked hard in order for the organization to achieve it. It is another method of recognition among peer organizations and a proof of quality and safety.

Quality has many dimensions. Two of these dimensions are related to the ability of an organization to attain its objectives in a timely and cost-beneficial manner. Therefore the ability of an organization to use its resources in the optimum way is one of the important dimensions of quality. Similarly, an organization that can demonstrate its ability to achieve its goals and objectives in a timely manner is considered an effective organization and therefore has met another dimension of quality. Accreditation is somewhat similar to what quality is all about. Accreditation requires an organization to be effective and to use its resources most efficiently. In order for the healthcare organization to achieve accreditation it has to demonstrate its effectiveness and its efficiency through completed projects and noted accomplishments related to their mission, their objectives and their goals. Efficiency and effectiveness must be practiced and proof must be documented in order for an organization to receive accreditation.

BENEFITS OF ACCREDITATION

Here are some of the benefits of accreditation according to TJC (2014), NCQA (2014) and AAAHC (2014). Accreditation of a healthcare organization:

1. Strengthens overall performance (clinical and managerial)
2. Improves patient, medication and facility safety in all units and departments
3. Enhances community trust and confidence in the organization

4. Provides a report card for the public to compare between organizations
5. Offers an objective evaluation of the organization's performance
6. Stimulates the organization's quality improvement efforts
7. Aids in professional staff recruitment and retention
8. Provides educational and training outlets for staff
9. May be used to meet certain government certification requirements
10. Expedites third-party (insurance and government) payment
11. Often fulfills licensure requirements
12. May favourably influence liability insurance premiums
13. Favourably influences employers' contract decisions
14. Finds new ways to improve the care and services they offer
15. Increases the organization's efficiency and reduces costs
16. Provides a mechanism for sustainable documentation of processes and services
17. Develops better risk management programs
18. Motivates staff and instils pride and loyalty
19. Strengthens public relations and marketing efforts
20. Develops alliances with other provider groups and health care organizations

From the above we can conclude that accreditation enhances quality improvement efforts by the healthcare organization. These improvements will have a positive impact on the patient and his/her family. It will most probably lead to increased customer satisfaction enhancing their trust and loyalty to the organization.

WHO IS RESPONSIBLE FOR ACCREDITATION?

Accreditation is an external assessment program based on a set of standards. The program itself is coordinated by an accreditation agency. This agency is usually private independent organization but can also be a governmental agency related to the nation's ministry of health. This agency will be responsible for overseeing the overall accreditation program in that country.

Internationally however, there are a number of accrediting organizations that have been established for the same purpose of healthcare organizations' assessment and improvement. As explained above, some of these organizations are sponsored by the government

of a specific country while others are primarily private not-for-profit organizations that have the support of their national government and key health care players in that country. In the US, there are several major accrediting agencies; each is independent and each has a specific emphasis. For example, hospitals in the US are accredited by one of three agencies; The Joint Commission (TJC), DNV Global and Health Facilities Accreditation Program (HFAP); while ambulatory care organizations are accredited by either the Accrediting Association for Ambulatory Health Care (AAAHC), or by Utilization Review Accrediting Commission (URAC) or yet by TJC. Managed Care organizations are accredited by such organizations as the National Committee on Quality Assurance (NCQA) or by any of the other three agencies, TJC, AAAHC or URAC. Rehabilitation facilities on the other hand has their own accrediting agency, the Commission on Accreditation of Rehabilitation Facilities, CARE. In all of those cases, accreditation is a separate process and system from licensure which is usually handled by government at the level of States rather than at the level of the Federal government.

Similarly in Europe accreditation and licensure are separate and never crossed paths. These are run by two separate organizations or systems albeit in some countries both systems are run by the government. Some countries in Europe however opted to pursue and enforce “certifications” at least for safety in their healthcare organizations. An example is France and Ireland (Serbia is contemplating it) where they made it mandatory for healthcare organization to meet safety standards and achieve certification by ISO. Also, in the Republic of South Africa, there is a requirement for registration and licensure of private healthcare organization in order to operate in the country but this requirement has not been extended to governmental organizations. It is worth noting that in Europe the number of accrediting organization has doubled every five years since 1990. Most have been backed by “statuary” mandates by their government and most new programs are run by the government. Once operating and smoothly running they all tend to evolve from a voluntary accreditation system that is for the sake of self-development to a more regulatory instrument for accountability by the public. Transparency on the other hand has been slowly evolving of such programs in Europe. Although most have their standards available and accessible to the public including aggregate accreditation reports, some are reluctant to share “all” with the public guarding their intellectual property and their investment especially at the development stage. This is true for European accrediting bodies where funding is an issue but most have secured if not political, financial support of their

government even if they have been operating as private or quasi private organizations.

Other issues to consider is the cost and benefits of such programs. Unlike the US, in Europe almost all accreditation standards are either available free to healthcare organizations or are offered to them with very low cost. Most such programs and agencies proclaim lots of benefits to the patient population or to the healthcare organization itself towards efficiency and cost savings, there is not much evidence to unequivocally support that.

In other countries, accreditation is handled primarily by a government agency or a quasi-government agency such as Accreditation Canada or its Australian, Japanese, Indonesian, Turkish, Austrian, Jordanian or Saudi counterparts. In all cases however, these accrediting organizations are governed by a board comprised of experts as well as independent agencies that represent other sectors in the healthcare system in that country such as the private sector and academia.

In Kazakhstan, the Ministry of Health created the accreditation program for healthcare organizations. A unit within the Ministry was created and called the National Healthcare Accreditation Center with a governing board comprised of MOH leaders. The Center is hosted at the MOH and several professionals were assigned to administer and operate the Center. So since its inception, the Center worked hard to develop several sets of accreditation standards (for hospitals, emergency care and rehabilitation organizations) and had those standards approved by the MOH and further accredited by the International Society of Quality in Healthcare (as explained below). The Center further worked on identifying, selecting and training a large number of healthcare professionals to act in the role of accreditation surveyors. These individuals were recently gathered and retrained on a set of new accreditation methodologies and then certified to take the role of national accreditation surveyors. The Center is now preparing for the accreditation of its structure by ISQua as an accredited national accreditation organization fulfilling the stringent requirements of that international body.

The main functions of the accreditation agency are:

- Creating and maintaining of the register of accredited organizations and the register of accreditation personnel;
- Representing Kazakhstan and participating in all relevant international, European and regional organization and meetings on accreditation;
- Drafting and executing related international and national agreements on cooperation and mutual recognition of accreditation;

- Seeking, achieving and complying with international accreditation standards (e.g. ISQua) and become an accredited organization for the granting of accreditation of healthcare organization in Kazakhstan;
- Development and delivery of training of accreditation personnel and empower them to carry out accreditation activities according to the set requirements;
- Provide educational and awareness material to providers and the public on issues related to accreditation and the associated standards;
- Develop and regularly update the pertinent accreditation standards for the different healthcare organizations in the country;
- Identify, select, train and certify qualified healthcare professionals to fulfill the role of national accreditation surveyors and assessors;
- Assess compliance of healthcare organizations to accreditation standards through triennial site visits and periodic as needed surveys to sustain such conformity to the standards;
- Make decisions as to the degree of compliance of healthcare organizations to the accreditation standards and decide on the awards of accreditation to such facilities or the revocation of such awards for non-complying organizations;
- Development of policies, procedure and related guidelines on the preparation for site visits and the delivery of such visits to healthcare organizations nation-wide;
- Develop guidelines and train surveyors on the on-site survey assessment methodology (e.g. clinical and system tracers) and procedures for conducting the site visits, the scoring of the standards, and on the reporting of the findings;
- Assess and collect surveying fees and related financial requirements to operate and sustain an effective and objective national accreditation program
- Creation of technical accreditation committees and approval of their provisions (e.g. standards development);
- Provide a set of guidelines and policies on accreditation decisions appeals and grievance procedures;
- Organize and deliver seminars, workshops and training avenues on the accreditation standards to healthcare professionals and their organizations;
- Organize and administer an annual consensus national conference on accreditation process, standards and related outcomes;
- Provide a national “help-line” and mechanism to provide logistical and expert support to healthcare organizations as they prepare for their accreditation award;
- Provide comparative information to select national regulatory agencies and the public on healthcare organizations performance and patient related outcomes and;
- Assist in enhancing nation-wide awareness on patient rights and safety and on providers’ responsibilities and ethical behavior

ACCOUNTABILITY OF ACCREDITATION ORGANIZATIONS

Apart from ISO certification (www.iso.org), the International Society for Quality in Healthcare (ISQua) is the only organization that has the standards, process and resources to “accredit the accreditors”. According to ISQua’s website (www.isqua.org); “ISQua is...a global organization dating back to 1984. Its mission is to inspire, promote and support continuous improvement in the safety and quality of health care worldwide”.

ISQua’s “International Accreditation Program (IAP) is the leading International Health Care external evaluation program of its kind”. It Accredits the Accreditors through three unique programs:

1. Accreditation of health care and social care standards
2. Accreditation of external evaluation organizations and
3. Accreditation of surveyor training programs

The Kazakhstan accreditation standards have already been accredited by ISQua and once the Accreditation Center is further strengthened and perhaps re-organized, ISQua accreditation of the Center can be sought and achieved.

To achieve such status and achieve international recognition and accountability, the Kazakhstan National Healthcare Accreditation Center will have to comply with ISQua’s accreditation standards that are required for similar organizations. ISQua further publishes a “checklist” for the development and accreditation of new accreditation programs consisting of the following items:

1. A clear definition of the purpose of the accreditation program which should include but not limited to; performance improvement, enhance public and patient safety, improve public confidence and increase accountability through objectivity and transparency.

2. Define accreditation vis a vis quality nationally; with a clear definition of the role of the Ministry of Health, clearly stating it is not a licensing organization and that it is fully independent.
3. Getting full support and participation of the major national stakeholders including other related government agencies, insurance, academe, private sector, professional associations including those for hospitals and healthcare professionals as well as individual hospitals and healthcare professionals.
4. Establish an advisory inclusive Board or committee
5. Develop a supervisory and governance Board and draft its mission, vision, values and ethics.
6. Secure adequate funding for its set up and operation for at least the first 5 years of operation
7. Insure objectivity in operation and decision making and acquire support and true commitment of major stakeholders and establish a fair and transparent appeals process.
8. Selection and training of national accreditation surveyors and develop a full program for their orientation and training and periodic retraining. Make sure each training program delivered is evaluated for its effectiveness and eventually get it accredited.
9. Development of appropriate indicators and performance measures in order to evaluate the accreditation program and the satisfaction of its beneficiaries with the standards, the process, the surveying process, the surveyors and with the impact on care processes and patient outcomes.

ACCREDITATION STANDARDS

According the Webster dictionary (2015), standards are defined as: "a level of quality, achievement, etc., that is considered acceptable or desirable" and that standards are "ideas about morally correct and acceptable behavior" or it is "something that is very good and that is used to make judgments about the quality of other things". Therefore standards are developed to help gauge certain performance and to compare one object with another. In quality, we develop standards to express what we believe this quality to be. They are the expectations, the attributes and the language for which quality is meant to be. They include expectations of what we believe a quality system (or organization) is. They are therefore a form of a yardstick of we expect the unit's structure or its processes or even its outcomes are.

Accreditation standards are developed to be as quantifiable as possible. Each standard is further stated in the form that will allow its measurement. Such measurable forms of the standards are often called indicators or depending

on the accrediting organization may be referred to as measurable elements, evidences of performance, criteria or the like. These standards follow the various functions and units health care organizations perform and possess. Standards are developed and are updated annually by a group of experts that are related directly to the process of care and to the structure of services rendered by the health care organization. These standards are therefore developed to measure the performance of the health care organization in the aspects of care and services it claims to provide. Compliance with these standards is a proxy measure of the performance of such an organization. Of course compliance may have to be substantial for the health care organization to receive the seal of approval from the accrediting organization. In this way accreditation can work as a measure of the performance of the organization, especially in such areas as structure and process.

So, one of the main activities of accreditation is to set standards that a healthcare organization must meet. Experts usually rigorously develop these standards. It is with these standards that the accreditation agency is able to measure the quality of the health care organization they want to evaluate for accreditation. These standards soon become the measuring guide by which performance is measured and accreditation is achieved. Standardization is important in order that objectivity can be assured in the evaluation process. It is also a mechanism for controlling outcomes and comparing performances. Meeting certain standards will render the healthcare organization "accredit-able" and will decrease variation between its current performance and the desired performance. Standardization is also useful in controlling cost by controlling expectations, predicting outcomes and facilitating effective budgeting.

Every accreditation program must develop its own standards. Understandably, these standards must comply with nationally and internationally accepted norms. The accreditation agency (in Kazakhstan it is the National Healthcare Accreditation Center within the Ministry of Health) is responsible for the setting and continuously updating the accreditation standards of healthcare organizations operating in the country. They must also develop the scoring guidelines for measuring compliance to the standards. Specifically, this agency will be responsible for;

Developing the standards manuals for the different settings and organizations (e.g. hospital, diagnostic centers, clinics, laboratory, rehabilitation facilities, etc.);

Each manual will then be organized into domains or chapters/sections that represent the focus areas of a healthcare organization (e.g. safety, care, patient

assessment, communications, quality improvement, infection control, etc.);

Each domain or section will then be comprised of a number of standards and each of which will have a list of related measures or criteria;

The agency will also be responsible for identifying the documentation requirements for evaluating healthcare organizations' compliance to these standards;

Establishing scoring guidelines for the degree of compliance to each standard and related criteria or measurable elements and;

Organizing and updating the standards manuals periodically and insuring its applicability, timeliness and adaptability to the different healthcare settings and organizations.

In its effort to continuously update and upgrade standards, this unit will be responsible for identifying related experts from the healthcare community at large and assign them to different teams. These teams will be responsible for developing, revising and/or updating standards. So there may be a team for patient safety, another for care processes, and yet another for infection control and medication management. Once these teams complete their work, new standards are developed or old ones revised and a new edition of the standards manual is published. Thus this manual becomes the guide for both organizations and surveyors to gauge accreditation eligibility and organizations must strive to achieve as many of these standards as possible to achieve the acceptable "score" for winning accreditation. Once accredited, organizations will still have to maintain (on a continuous basis) the level of performance associated with those standards and will have to undergo another accreditation cycle every three years.

CONCLUSION

Accreditation has played a major role in the monitoring of health service organizations for over 40 years. The success of accreditation rests with the recognition of it as a voluntary, objective peer review process with self-assessment at its core. Its success also rests with the on-going participation of the multitude of professional groups who all work collectively and collaboratively to ensure that accreditation reflects the common goal of delivery of consistent, high quality care.

It is a process that has the potential of insuring continuous improvement, and institutionalization of quality. Sustaining quality activities are enhanced with certain incentives and accreditation is an example of such incentives. In this era of performance measurements and accountability, a mechanism that encourages compliance

to standards such as accreditation is exactly what this era needs. It is no wonder that countries around the world are becoming increasingly and seriously interested in such an activity.

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