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**Letters to editor: RE: ISQua position paper**

Schilling, Julian ; Cranovsky, Richard ; Ischi, Hans-Peter

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## Letters to the Editor

### RE: ISQua POSITION PAPER

The ISQua Position Paper on traditional accreditation systems and the ISO philosophy [1] may be the basis for further development of accreditation and certification of quality management systems in health care. In Switzerland a group of the National Alliance for Quality in Health Care evaluated the possibility of the adaptation of ISO-9001 for institutions of health care. The modified and further developed system called H-9001 may offer the opportunity for purchasers and providers to outline contracts on quality required by law.

The H-9001 is based on the ISO-9001 structure due to the internationally accepted compatibility and the integration of innovations. The aim was to develop a non-bureaucratic tool, initially, for hospitals and elderly care centers. In further steps the tool may also be used in other medical institutions, such as doctors' private offices, government administrations and insurance companies. Much of the documentation required in the original ISO system is redundant and is in the H-9001 system replaced by indicators and the principles of continuous quality improvement.

In a first step, the difficult ISO terminology designed for industrial use was translated into understandable terms for individuals working in health care and in health care related environments. The first chapter describes the area of fields. The second chapter outlines links to other quality management systems for accreditation. The third chapter defines all relevant terms, and the fourth chapter describes what is needed for certification. In the fifth chapter examples for indicators from various areas

(management, nursing, medical treatment, indication, process, structure and outcome) are given. During a first trial period institutions make a minimal choice of at least six indicators for evaluation, focusing on relevant topics with emphasis on the indication and outcomes.

However, the quality and validity of the indicators, particularly on the quality of outcomes and the indication may need further development and consensus. This is especially true, because even superb outcomes become irrelevant without a properly defined indication. The further development of the first version of H-9001 (German) is now ready to be reviewed by partners. The close collaboration of all partners within such an ambitious project may be instrumental for its adoption.

**Julian Schilling MD**

Institute for Social and Preventive Medicine of the  
University of Zurich, Switzerland

**Richard Cranovsky MD**

Swiss Medical Association, Switzerland

**Hans-Peter Ischi**

National Swiss Accreditation Authority, Switzerland

### REFERENCES

1. Shaw, C. D., Accreditation and the ISO: International Convergence on Health Care Standards. *International Journal of Quality in Health Care* 1997; 9: 11-13.

### RESPONSE TO DR JULIAN SCHILLING *et al.*

I welcome the report of collaboration in Switzerland (Schilling *et al.*, 4 April 1997) to translate ISO-9001 standards for use in healthcare. Such practical experience is of interest to ISQua's preliminary study of international standards and accreditation, and within Europe to the External Peer Review Techniques (ExPeRT) research programme.

In general, if such derivative standards are to combine

the virtues of ISO and accreditation, they will need to remain internationally transferable, be recognised as such, be evidence-based, and be published and freely available as a means for internal organisational development.

**Charles D. Shaw**

President

International Society for Quality in Health Care

## RE: ISQua POSITION PAPER

I read with interest the Position Paper on the above issue and would like to comment as follows:

- (a) The *outcome* of the 'informal positions' of the major accreditation bodies (e.g. JCAHO, ACHS) is not recorded. It appears to be significant that these organisations did not participate in the development of the position paper. Could feedback be provided, please?
- (b) The view held on accreditation as an integrated internal improvement and external assessment process needs to be discussed further. On a practical level one cannot assist an organisation to improve quality and then do an evaluation to achieve accreditation. It could be perceived as having vested interest — especially if financial interests are at stake. There

should be a differentiation between, on the one hand assisting to interpret standards which is an essential role during the pre-surveying stage of accreditation, and on the other hand moving in as 'management consultants' followed by doing a survey for accreditation. The principle that one cannot be everything to everyone is of particular relevance here. Objectivity of an accreditation body is therefore of particular importance in order to achieve longterm effect in the market — a principle of which national accrediting bodies especially in South Africa and Australia should take note.

**Dr Anna-Marie Bruwer**  
Milnerton, South Africa

## RESPONSE TO DR ANNA-MARIE BRUWER

The original discussion paper was a personal one and was drafted prior to the Jerusalem meeting in May 1996. It included elements of the formal position paper of the JCAHO. Later revisions reflect also the ACHS paper, which itself drew on the JCAHO paper and my paper presented at the ISQua meeting in Jerusalem. All three papers are consistent in principle.

The separation of managing internal quality improvement from managing external certification, as with ISO, contrasts with the traditional approaches of health service accreditation systems. The latter have generally sought to help organisations to meet the standards through internal commitment and management, on the assumption that this is the most effective way to sustain improvement. Evidence from randomised, or even controlled trials, on the more effective approach would be welcome but a more basic question may be, "What is the priority of the programme?" Is it a seal of approval by independent inspection, or a

process of improvement by organisational development? In a recent review by the Canadian Council on Health Service Accreditation, a large majority of hospitals valued accreditation as an integral part of their operations.

Accreditation or certification by ISO share the challenges of any assessment process; inter-observer variation, sampling, bias, weighting are familiar features. Systematic comparison of these and other external evaluation processes will help to see which features best achieve their intended purpose. One way to accomplish this would be empirical observation and comparison of how the systems have worked in practice; a more robust method would be by controlled trial. Does any reader have information on such studies?

**Charles D. Shaw**  
President  
International Society for Quality in Health Care