



## **JAG accreditation scheme**

# **Level 1 and 2 accreditation agreement for public hospitals in Republic of Ireland**

### **Introduction**

It is recognised that there are challenges regarding training, the environment and timeliness for Irish endoscopy services working towards JAG accreditation. This agreement provides a new time-limited accreditation pathway to support the achievement of JAG accreditation for public hospitals in the Republic of Ireland (ROI).

This agreement sets out two levels of accreditation achievement: level 1 and level 2. Level 1 accreditation is granted to services which meet all the standards apart from waiting times and the environment, as below. Level 2 accreditation is granted to services which meet all the standards.

This agreement is fixed for a three-year period and works in partnership with the HSE National Endoscopy Programme. The agreement supports ongoing developments and plans to improve endoscopy services.

### **Eligibility**

The temporary accreditation pathway applies to any unaccredited service applying for accreditation. To be eligible for assessment, services must meet at least level B in their latest GRS return with the exception of:

- Access and booking – minimum level C
- Training domain – minimum level C (until October 2019 (see below))

Services accredited prior to this agreement being brought into effect are considered as holding level 2 accreditation. For an introductory period only, these services move to level 1 if they are unable to meet the requirements of level 2. From March 2019, this introductory period will end and services accredited at level 2 will not be able to move to level 1 accreditation if they are unable to maintain the relevant requirements (and would defer accreditation instead).

A service may only hold level 1 accreditation once. If a service loses level 1 accreditation then they would not be able to move back to level 1 and would need to meet the requirements of level 2.

Services which would like to go forward with accreditation under this agreement should undergo assessment as normal. The appropriate level of accreditation will be awarded following the accreditation assessment.

### **Training domain**

It is expected that all services should be compliant with the training domain to at least level B from October 2019. Services may be accredited if they are only compliant to level C if they are able to produce an action plan to show compliance to level B by October 2019. From October 2019, all services (both level 1 and 2 accredited) will be expected to comply with level B of the training domain (if the training domain is applicable to the service).

## **Gaining level 1 accreditation**

- To gain level 1 accreditation, services must meet all the standards as per the normal accreditation pathway apart from the below exceptions.
- If a service is meeting the requirements for either waiting times **or** the environment then they must continue to meet those requirements to maintain accreditation (ie if a service is level one accredited because of environment issues but is compliant with waiting times, then they must maintain compliance with waiting times to remain level 1 accredited. They cannot become non-compliant and remain accredited).

### *Waiting times*

- Services are expected to be compliant with national waiting times targets (as per GRS measures 10.08 and 10.09<sup>1</sup>). Where they are not, services may be level 1 accredited if they are within the below tolerances at the time of their initial assessment:
  - There is some pooling of endoscopy lists (10.6 – Level C)
  - Waits are <4 weeks for urgent colonoscopies and <18 weeks for routine procedures.
  - Waits for recall (surveillance) patients are <18 weeks beyond the planned date.
- The service must have a clear and agreed capacity plan in place with timelines to reduce waits to agreed national targets. This must be agreed with the hospital, hospital group and HSE Acute Operations and must be submitted as evidence during the assessment. There must be evidence of the plan being actioned and of significant progress being made (eg approval of business cases for capacity, expansion of workforce and training of staff).

### *Endoscopy environment*

- It is expected that all services adhere to the environment checklist. Where services do not, they may be accredited to level 1.
- Measures must be put in place to ensure patients' privacy and dignity is preserved (such as screening where pre- and post-procedure patients are mixed).
- Decontamination must be compliant with the existing HSE standards for decontamination.
- The JAG environment checklist must be completed as an initial baseline assessment and supported by a completed action plan. This should be submitted during the assessment.
- Services must have an agreed business case/plan in place with proposed timescales to achieve compliance with the environment checklist. This must be agreed with the hospital and the responsible organisation in the ROI. This plan must be submitted as evidence during the assessment. There must be evidence of the plan being actioned and of significant progress being made.

## **Retaining level 1 accreditation**

- As part of the first and second year annual reviews (at 12 and 24 months from level 1 accreditation being awarded):
  - There must be strong and supported evidence of progression towards achieving level 2 requirements for waiting times, as per the submitted action plan.
  - The JAG environment checklist assessment must be completed and supported by evidence of the environment changes being progressed.
- If evidence of progress is being made then a further 12 - 24 months of time is permitted providing that there is strong and supported evidence. This includes evidence of completion of all building works being completed in this timeframe.

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<sup>1</sup> 10.8 - The services adheres to national waiting time criteria for routine, urgent cancer waits and non-cancer urgent waits and 10.09 - The service adheres to waiting time criteria for surveillance waits.

- If a service is not making progress towards level 2 then level 1 accreditation award is at risk and likely to be removed.

### **Gaining level 2 accreditation**

- Services must achieve level 2 accreditation before month 36 of this agreement (October 2021). If the service is not compliant no further extensions will be given and level 1 accreditation will be withdrawn. Services can move to level 2 accreditation at any point before month 36.
- Services cannot move back to level 1 accreditation if they have held level 2 accreditation. If services accredited at level 2 do not meet any of the standards then they would be deferred for 6 months and then accreditation withdrawn.

### *Waiting times*

- To achieve level 2 accreditation, services must achieve the following the national waiting and surveillance criteria for the Republic of Ireland:
  - Waits are < 4 weeks for urgent colonoscopies and <13 weeks for routine procedures.
  - Waits for recall (surveillance) patients are <13 weeks beyond the planned date.
  - Waits are < 4 weeks for urgent OGD and <8 weeks for routine procedures.
- Services must demonstrate that they can maintain the criteria by demonstrating three months' sustainability.

### *Endoscopy environment*

- To achieve level 2 accreditation, services must fully comply with the environment checklist.

### **Review**

This agreement will be reviewed in October 2019 and October 2020 to ensure that it remains effective. Services will be informed if there are any changes as a result of this review.

### **Timeline**

The below provides a summary timeline of this agreement.

#### *October 2018*

- Temporary framework will be effective from October 2018.

#### *October 2019 (12 months)*

- Training section for units that provide endoscopy training. Every training centre must be at level B in training section of the GRS.
- JAG & HSE review accreditation framework.

#### *October 2020 (24 months)*

- Aim to see increase in sites awarded level 2.
- JAG & HSE review accreditation framework.

#### *April 2021 (30 months)*

- Level 1 services advised there is a six month deadline to make improvements to achieve level 2 accreditation.

#### *October 2021 (36 months)*

- Level 1 and 2 accreditation no longer applicable. All services follow the standard pathway and must meet all standards to gain and maintain accreditation.