



Hospital Accreditation Performance Assessment Report, Fiscal Year 2023/2024

Executive Summary

August, 2024

Table of Contents

	0
Table of Contents	1
Acronyms	2
Acknowledgements	3
Executive Summary	4
Background	5
1. Introduction	6
2. Methodology	7
3. Summary of Findings	8
3.1 Progress Results for 44 hospitals targeting Level III	8
3.1.1 Summary of overall scores performance	8
3.1.2 Performance by Risk Area	9
3.1.3 Critical Standards Performance	9
3.1.4 Accreditation recognition	10
3.1.5 Comparison of hospital overall scores	12
3.1.6 Low performing standards	13
3.1.7 Performance trend from the previous fiscal year	14
3.2 Progress Results for 3 Specialized Hospitals	16
3.2.1 Performance towards Level I	16
3.2.2 Performance towards Level II	17
3.2.3. Performance trend from the previous fiscal year	18
3.3 Progress Results for 4 Recently Enrolled Hospitals	18
3.3.1 Performance toward Level I	18
3.3.2 Performance towards Level II	19
3.3.3 Performance trend from the previous fiscal year	20
4. Status of Key Performance Goals	20
5. Discussion and Recommendations	22
6. Conclusion	24
Annexes	25
Annex 1: Overall scores and recognition status per hospital for 44 hospitals targeting Level III	25
Annex 2: Standards' performance for 44 hospitals targeting Level III	27
Annex 3: Standards' performance for specialized hospitals	30
Annex 4: Standards' performance for recently enrolled DHs	32
Annex 5: Values and scores of KPG indicators per hospitals	35
Annex 6: Accreditation Assessment Coordination Team	37

Acronyms

ANC	Antenatal Care rate
CPD	Continuous Professional Development
DH	District Hospital
FY	Fiscal Year
HIV	Human immunodeficiency virus
KPGs	Key Performance Goals
LTTH	Level Two Teaching Hospital
MoH	Ministry of Health
MM	Maternal Mortality
MSH	Management Sciences for Health
NH	Neuropsychiatric Hospital (NH)
NNBA	Neonatal Birth Asphyxia
NNM	Neonatal Mortality
PBF	Performance-based financing
PH	Provincial Hospital
RH	Referral Hospital
QI	Quality improvement
RA	Risk Area
RAAQH	The Rwanda Agency for Accreditation and Quality Health Care
SOH	Specialized Orthopedic Hospitals
TSI	Three Stones International
USAID	United States Agency for International Development

Acknowledgements

The Rwanda Ministry of Health would like to express gratitude to all those who contributed to the success of this comprehensive hospital accreditation program and the current fiscal year assessment in 51 Rwandan hospitals.

We extend our sincere thanks to the executive leadership teams of the assessed hospitals, whose cooperation and commitment were crucial to the successful completion of the assessment.

Special thanks to the key stakeholders whose support and guidance were invaluable.

We extend our appreciation to the RAAQH (**The Rwanda Agency for Accreditation and Quality Health Care**) team, which conducted the accreditation assessments for 31 hospitals, and **TSIR (Three Stones International Rwanda)** team, which conducted the assessments for the 20 hospitals. The collaborative efforts and expertise were instrumental in accomplishing the accreditation surveys.

We also appreciate the efforts of the clinical and administrative staff across all 51 hospitals, whose cooperation and commitment to improvement were important for the success of the accreditations. Their willingness to engage in the process and implement necessary changes, showed their dedication to providing the highest standard of care to patients.

Lastly, we would like to thank the surveyors for their comprehensive evaluations, dedication and constructive feedback, which undeniably have helped hospitals to improve practices and services.

This achievement would not have been possible without the collective effort and commitment of everyone involved. Thank you for your dedication and hard work.

Dr, Athanase Rukundo

Ag Head of Clinical and Public Health Services Department.

Executive Summary

The current FY 2023-2024 accreditation surveys were conducted in 51 hospitals, including 44 targeting Level III of Accreditation, 3 specialized orthopedic hospitals, and 4 recently enrolled district hospitals. The accreditation progress status for these hospitals is as follows:

- (a) Forty-four (44) hospitals targeting Level III of accreditation:
 - **Twenty-seven (27) hospitals achieved Level II of accreditation.** Fourteen (14) of these 27 hospitals had achieved Level II in the previous FY 2022/2023 survey and maintained that level in the current FY 2023/2024, while thirteen (13) hospitals which had only achieved Level I in the FY 2022/2023 improved their performance and achieved Level II in the current FY 2023/2024. Two hospitals that had achieved Level II in the previous FY 2022/2023 declined and lost their Level II recognition.
 - **Sixteen (16) hospitals achieved Level I of accreditation.** Twelve of these 16 hospitals had achieved Level I in the previous FY survey and maintained that level in the current FY. Two hospitals which had not achieved Level I in the FY 2022-2023 improved their performance and achieved Level I in the current FY. Contrary, one hospital that had achieved Level I in the previous FY declined and lost its Level I recognition.
 - Despite being expected to attain Level III of accreditation, **there is no hospital that met all Level III recognition criteria.** Similarly, there was no hospital that had achieved Level III in the previous FY 2022/2023. However, significant progress towards Level III has been made by the hospitals. In fact, the range of overall scores was between 57% (the score of the best performing hospital) to 5% (the score of the least performing hospital) in the previous FY 2022/2023, and improved from 73% (for the best performing hospital) to 9% (for the least performing hospital) in the current FY 2023/2024.
- (b) Specialized Orthopedic hospitals:
 - **All three orthopedic hospitals** (Gatagara, Rilima and Inkuru nziza) **achieved Level I recognition of accreditation.** This was a new progressive achievement as the previous FY assessment was conducted as a baseline. None of the specialized orthopedic hospitals achieved Level II recognition of accreditation. However, good progress was made, especially by Gatagara hospital which obtained a Level II overall score of 82% against 80% requirement, but did not meet Risk Areas and Critical Standards criteria.
- (c) Recently enrolled district hospitals targeting Level I:
 - **Gatunda and Nyarugenge DHs achieved Level I accreditation recognition,** whereas Gatonde and Nyabikenke hospitals failed to meet the criteria for Level I recognition. However, Gatonde DH was close to meeting all the criteria and achieving Level I, while Nyabikenke has still a large gap towards Level I. None of the four hospitals achieved Level II. However, the achievements of Nyarugenge and Gatunda DHs are remarkable and not far from meeting Level II accreditation criteria.

Background

In 2012, the Ministry of Health (MOH) adopted a comprehensive accreditation approach in order to elevate the quality of healthcare in health facilities across the country. The backbone of this approach was the establishment of Healthcare Accreditation Standards that guide practices and services in health facilities. These standards have been designed for use within hospitals, covering a full range of services described in the MOH’s “Service Package for Health Facilities at Different Levels of Service Delivery”, and were adapted to meet the needs of the healthcare system in Rwanda. There have been two revisions of these standards since their establishment and the third edition was published by the MOH in 2022. The third edition comprises 79 standards designed for implementation within District Hospitals (DHs), Provincial Hospitals (PHs), Referral Hospitals (RHs), Level 2 Teaching Hospitals (L2THs), and 1 Neuropsychiatric Hospital (NH). Additionally, a set of 53 standards have been established in 2020 for Specialized Orthopedic Hospitals (SOHs).

The accreditation program categorizes healthcare standards into five Risk Areas (RAs) as follow:

	Number of standards for DHs, PHs, RHs, LTTHs, NH	Number of standards for SOHs
Risk Area 1: Leadership Process and Accountability	18	13
Risk Area 2: Competent and Capable Workforce	10	8
Risk Area 3: Safe Environment for Staff and Patients	17	11
Risk Area 4: Clinical Care of Patients	25	12
Risk Area 5: Improvement of Quality and Safety	9	9

The program has also cascaded the compliance with standards by hospitals at three levels of accreditation. At Level I, the compliance with standards reflects the extent to which policies, procedures, protocols, and plans (that describe the expected quality of care/services to be provided) have been developed and communicated to the staff . At Level II, the compliance with standards reflects how the processes (described in the policies, procedures, protocols, and plans) have been implemented in a consistent way. At Level III, the compliance reflects how well data is available and used for successful risk-reduction strategies and continued improvement.

Finally, 21 healthcare standards from the whole set of 79 program standards have been categorized as “Critical Standards”. Critical standards are identified as those key priorities required by national laws and regulations and, if not met, may cause death or serious harm to patients, visitors, or staff. The remaining 58 standards are known as “core standards” and are not prescribed in national laws, but are essential for provision of quality healthcare services in hospitals.

1. Introduction

Since 2013, the MOH has established the annual accreditation surveys as a mechanism for measuring hospital compliance with healthcare quality standards and ensuring continuous improvement. The current Fiscal Year (FY) 2023-2024 accreditation survey was conducted in 51 hospitals including 34 District Hospitals (DHs), 9 Level 2 Teaching Hospitals (L2THs), 1 Neuropsychiatric Hospital (NH), 3 Provincial Hospitals (PHs), 1 Referral Hospitals (RH), and 3 Specialized Orthopedics Hospitals (SOHs). The geographical distribution of these hospitals is presented below.

Province	Hospital type						Total
	DH	LTTH	NH	PH	RH	SOH	
East	7	3				1	11
Kigali city	4	1	1			1	7
North	4	3		1			8
South	10	1		1		1	13
West	9	1		1	1		12
Total	34	9	1	3	1	3	51

To ensure the independence and objectivity of the surveys, the Ministry of Health (MOH), in collaboration with USAID-Ireme Project, opted to conduct accreditation surveys through private companies. It is in this context that the MoH and USAID-Ireme Project, implemented by Management Sciences for Health (MSH), commissioned “Rwanda Agency for Accreditation and Quality Healthcare (RAAQH)” and “Three Stones International (TSI)” to conduct the current FY 2023-2024 hospital accreditation progress surveys in 31 hospitals and 20 hospitals, respectively. The current FY accreditation surveys were conducted from April 19th to May 17th, 2024, and were aimed at evaluating each hospital's performance in terms of compliance with the established standards of the Rwanda Accreditation Program.

The purpose of this summary report is to present the findings from the current FY 2022/2023 accreditation surveys conducted in 51 hospitals. Since the hospitals have been enrolled to the program in three different phases, the results are presented in three main categories: (i) Results for 44 hospitals targeting Level III of accreditation (these have been enrolled long time ago in the program), (ii) Results for 3 specialized hospitals, and (iii) Results for 4 district hospitals targeting Level I of accreditation (these are recently enrolled district hospitals). The results presented include comparison of the current FY 2023/2024 with the previous FY 2022/2023 results to show progress made. A section of this reports highlights the performance of the hospitals on key performance goals (KPGs) established by the MOH in relation to the accreditation achievements. This report also discusses the challenges encountered during the hospital surveys and provides recommendations for future improvements.

2. Methodology

The accreditation survey was conducted for all 51 public hospitals from April 15th to May 17th 2024, and was conducted for four days in each hospital by a team of four certified accreditation surveyors. On the first day, the team met with hospital leadership, heads of departments, and staff representatives of each risk area to arrange the survey process and conduct a brief presentation on how the survey process was to be conducted. The assessment was then conducted using various survey methods, including document reviews, facility tours, direct observation, and interviews with patients, staff, visitors, committee members, and hospital leaders and managers.

For DH, PHs, RHs, LTTHs and NH, the assessment was conducted for 78 of 79 standards of the Rwanda hospital accreditation program using the 2022 Rwanda Hospital Performance Assessment Toolkit, 3rd Edition (RA2 Standard #3 was not applicable). For orthopedic specialized hospitals, the assessment was conducted for all the 53 standards using the Physical and Rehabilitation Service Accreditation Standard Performance Assessment Toolkit, 1st edition of December 2020. The surveyors presented findings during feedback sessions on the fourth day. The feedback presentation sessions were attended by the authority of the districts, hospital leadership, staff representatives and USAID Ireme Project provincial-based staff. The representatives from USAID and USAID Ireme Project Leadership also participated in these feedback sessions at some selected hospitals. Following the assessment, the standards were scored based on their compliance findings. The quality check of data (scores), hospital reports and their interpretation by the surveyors was done by RAAQH and TSI for the hospitals which they have been assigned to survey.

The standards' scores were analyzed, aggregated, and used to classify the hospitals for achieving different levels of accreditation performance. Table 1 (below) indicates the criteria used to classify each hospital as achieving Level 1, Level II, and/or Level III of accreditation.

Table 1: Recognition criteria Level I, Level II, and Level III Achievement

Level I Recognition	Level II Recognition	Level III Recognition
Overall average score of 85% at Level I.	Level I recognition must be achieved and maintained. Overall average score of 75% at Level II.	Level I & II recognition must be achieved and maintained. Overall average score of 70% at Level III
Average score of 75% for each risk area at Level I.	Average score of 70% for each risk area at Level II.	Average score of 60% for each risk area at Level III.
Overall average score of critical standards of 80% at Level I.	Level I critical standards are met at 100%. Overall average score of critical standards of 80% at Level II.	Overall average score of critical standards of 100% at Level III.

The results are presented and described in this summary report based on the above recognition criteria. The report indicates the status of hospitals in relation to the recognition requirements for overall scores, average scores for each risk area (RA), and overall average scores for critical

standards. Additionally, some results are presented based on a composite indicator calculated as an average of combined hospital scores per different levels of disaggregation. These scores are highlighted with four types of colors as follow:

- **Green:** the scores greater than or equal to 90% (score \geq 90%) representing a high performance;
- **Light blue:** the scores between 70% and 90% ($70\% \leq$ score $<$ 90%) representing a good performance;
- **Yellow:** the scores between 50% and 70% ($50\% \leq$ score $<$ 70%) representing a fair/promising performance; and
- **Red:** the scores less than 50% (score $<$ 50%) representing a poor performance.

Finally, a discussion is provided, along with key recommendations based on presented results, surveyor observations, challenges encountered during the surveys, and knowledge and experience of current practices in the accreditation program.

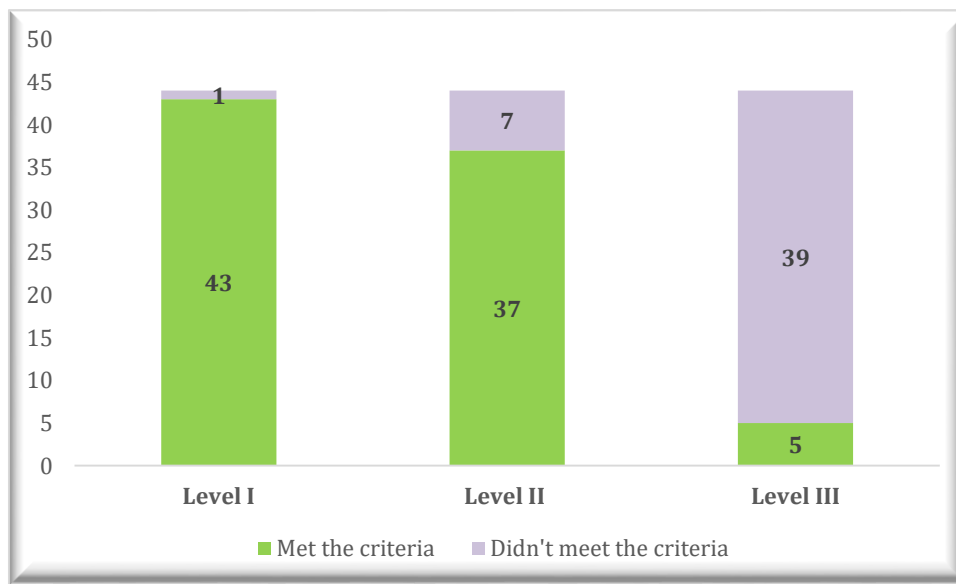
3. Summary of Findings

3.1 Progress Results for 44 hospitals targeting Level III

3.1.1 Summary of overall scores performance

The overall recognition criteria require the hospitals to achieve an overall average score of at least 85% for Level I, 75% for Level II, and 70% for Level III. Forty-three (43) out of 44 hospitals targeting Level III of accreditation fulfilled the 85% overall Level I accreditation requirement, except for one hospital (Kaduha DH). Additionally, 37 hospitals fulfilled the 75% overall Level II requirement, while 7 hospitals failed to meet that target. At Level III, only five hospitals met the 70% overall requirement, whereas 39 hospitals did not. Figure 1 (below) illustrates these results.

Figure 1: Number of hospitals per status of overall requirements



3.1.2 Performance by Risk Area

The risk areas (RAs) recognition criteria require the hospitals to achieve an average score of at least 75% for each risk area at Level I, 70% for each risk area at Level II, and 60% for each risk area at Level III. Figure 2 (below) shows the number of hospitals that met the RAs requirements per three levels of accreditation. All 44 hospitals met the criteria for the first four RAs at Level I, but one hospital failed to meet the criteria for RA5, resulting in 43 hospitals which met Level I RAs criteria. For Level II, 30 hospitals met RAs criteria, while 14 hospitals did not. For Level III, only one hospital met RAs criteria, whereas 43 hospitals did not.

Figure 2: Number of hospitals per status of Risk Areas requirement

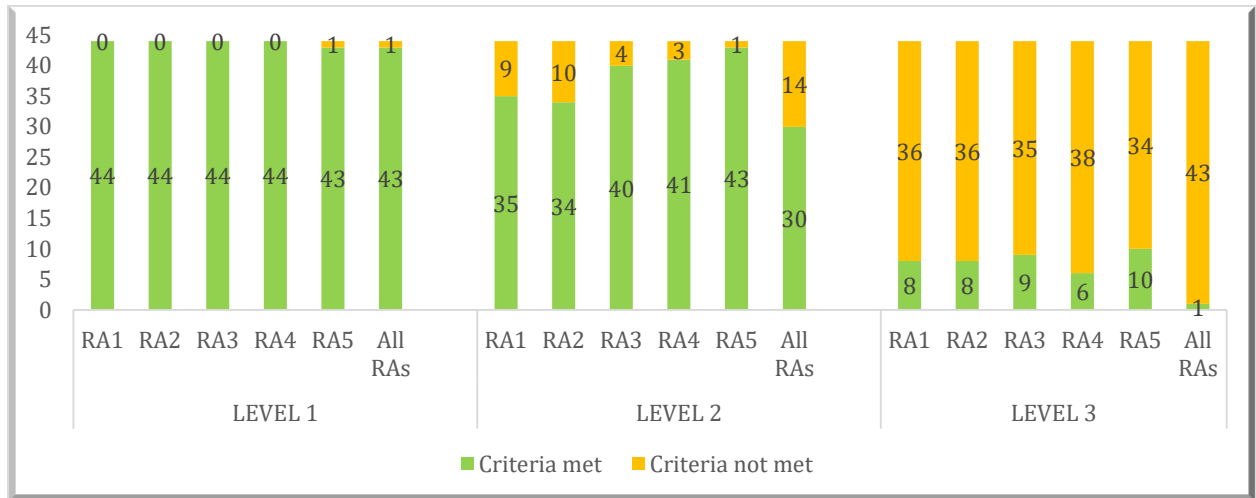


Table 2 (below) illustrates another perspective of hospital performance: all 44 hospitals' scores combined, with a composite indicator calculated as an average of all standards' scores for all hospitals and desegregated by risk areas. Generally, at Level I, hospitals performed at a high level in all risk areas with average scores per RA varying from 96% to 98%, and the average overall score sitting at 97%. At Level II, hospitals performed at a good level with average scores per RA varying from 80% to 89%, and the average overall score of 84%. At Level III, the hospitals performed poorly with average scores per RA varying from 35% to 44%, and the average overall score of 38%.

Table 2: Average scores of 44 hospitals per accreditation levels & risk areas

	LI Score	L2 Score	L3 Score
Risk Area 1: Leadership Process and Accountability	97%	81%	39%
Risk Area 2: Competent and Capable Workforce	97%	80%	35%
Risk Area 3: Safe Environment for Staff and Patients	96%	85%	39%
Risk Area 4: Clinical Care of Patients	98%	85%	35%
Risk Area 5: Improvement of Quality and Safety	98%	89%	44%
Total	97%	84%	38%

3.1.3 Critical Standards Performance

The critical standards recognition criteria require the hospitals to achieve an overall average score of critical standards of at least 80% for Level I, both Level I 100% and Level II 75% for Level II, and 100% for Level III. As illustrated in the Figure 3 below, all the 44 hospitals met the critical

standards criteria for Level I. For Level II, 36 hospitals met the critical standard criteria, and 8 hospitals did not. There is no hospital that met Level III critical standards requirements.

Figure 3: Number of hospitals per status of Critical Standards requirements

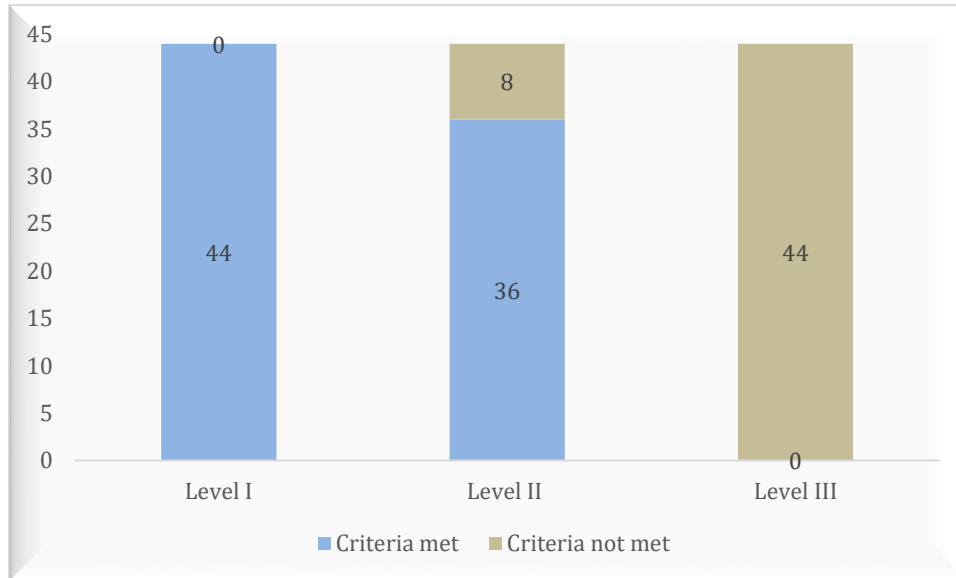


Table 3 (below) illustrates critical standards performance, all hospitals’ scores combined, calculated as an average of all standards’ scores for all hospitals, and desegregated by risk areas. Generally, at Level I, the hospitals have had a high performance in all risk areas with average scores per RA varying from 97% to 100%, and the average overall score of 99%. At Level II, the hospitals performed high on RA1 and RA3 with 91% and 92% average scores respectively and performed well on other risk areas with average scores ranging from 82% to 87%, and the average overall score at Level II of 88%. At Level III, the hospitals performed poorly with average scores per RA varying from 30% to 48%, and an average overall score of 39%.

Table 3: Critical standards’ average scores for 44 hospitals per levels & risk areas

	LI Score	L2 Score	L3 Score
Risk Area 1: Leadership Process and Accountability	99%	91%	46%
Risk Area 2: Competent and Capable Workforce	99%	87%	42%
Risk Area 3: Safe Environment for Staff and Patients	100%	92%	42%
Risk Area 4: Clinical Care of Patients	98%	84%	30%
Risk Area 5: Improvement of Quality and Safety	97%	82%	48%
Total	99%	88%	39%

3.1.4 Accreditation recognition

To be recognized for achieving a certain level of accreditation, the hospital must fulfill all the criteria combined for that level. Based on the survey scores obtained, 1 hospital did not achieve Level I (No Level achieved), while 16 hospitals were recognized for achieving Level I and 27 hospitals for achieving Level II. There was no hospital recognized for achieving Level III of accreditation. Figure 4 (below) illustrates these results.

Figure 4: Number of Hospitals per Achieved Levels of Accreditation

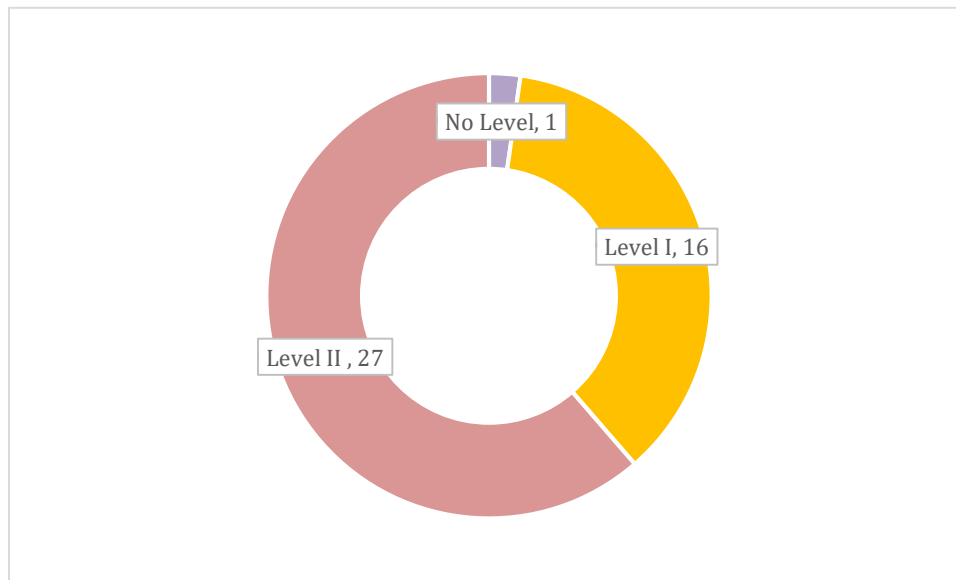


Table 4 (below) lists the hospitals per status of recognition at all levels of accreditation.

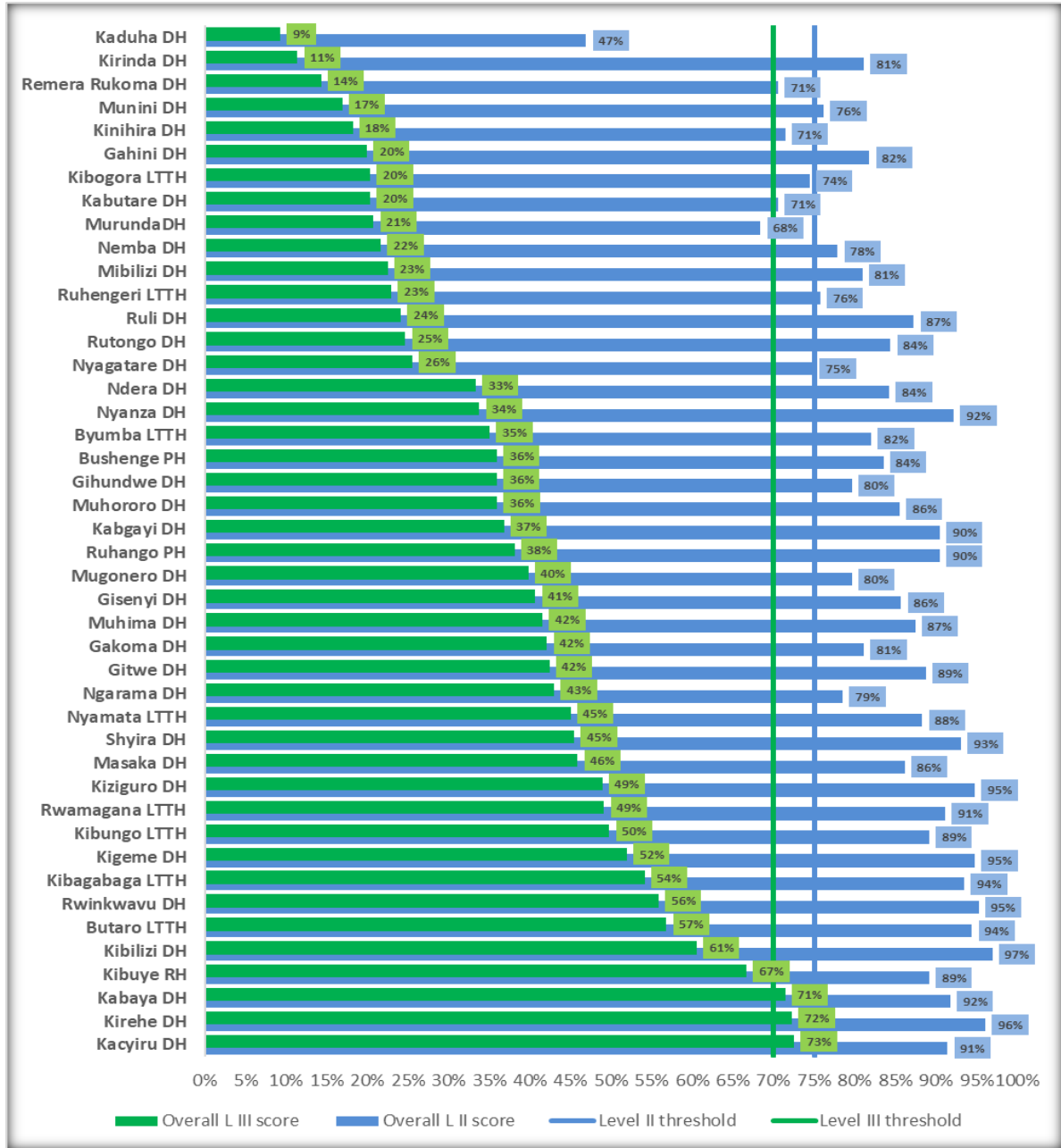
Table 4: List of hospitals per status of Level I, Level II & Level III recognition

No Level achieved	Achieved Level I	Achieved Level II	Achieved Level III
1. Kaduha DH	1. Gihundwe DH 2. Gitwe DH 3. Kabutare DH 4. Kibogora LTTH 5. Kinihira DH 6. Mibilizi DH 7. Mugonero DH 8. Munini DH 9. Nemba DH 10. Ngarama DH 11. Nyagatare DH 12. Remera Rukoma DH 12. Ruhengeri LTTH 14. Ruli DH 15. Rwamagana LTTH 16. Murunda DH	1. Bushenge PH 2. Butaro LTTH 3. Gahini DH 4. Gakoma DH 5. Gisenyi DH 6. Kabaya DH 7. Kabgayi DH 8. Kacyiru DH 9. Kibagabaga LTTH 10. Kibilizi DH 11. Kibungo LTTH 12. Kibuye RH 13. Kigeme DH 14. Kirehe DH 15. Kirinda DH 16. Kiziguro DH 17. Masaka DH 18. Muhima DH 19. Muhororo DH 20. Nyamata LTTH 21. Nyanza DH 22. Ruhango PH 23. Rutongo DH 24. Rwinkwavu DH 25. Shyira DH 26. Byumba LTTH 27. Ndera NPTH	None

3.1.5 Comparison of hospital overall scores

Figure 5 (below) compares the hospital performances based on their overall scores at both Level II and Level III. The hospitals are ranked by their performances at Level III, starting with the hospitals having the highest score. Significant progress was made, with overall score performances ranging from 73% to 9%. Kacyiru DH obtained the highest-Level III score with 73%, followed by Kirehe DHs and Kabaya DHs which scored 72% and 71% respectively. Kaduha DH was the least performing with 9% Level III score, preceded by Kirinda and Remera Rukoma DH which scored 11% and 14% respectively.

Figure 5: Hospitals’ Level II and Level III Overall Scores



3.1.6 Low performing standards

It is important to isolate the standards that have contributed to low performance, preventing most hospitals from achieving Level II. At each level, low performing standards for specific hospitals vary in their magnitude and fall in one of the following categories of scores: those that scored 0%, 33%, or 67%. Each hospital has its own set of low performing standards upon which it has been reported in detail (in the individual hospital report) for improvement. However, to facilitate a combined understanding of standards performance for all hospitals, a composite indicator was designed, calculated as an average of hospital scores on each standard. The averages of these standards' scores at each level of accreditation for the 44 previously enrolled hospitals are provided in Annex 2. To facilitate understanding of their meaning, the scores are highlighted with the four types of colors:

- **Green:** the scores greater than 90% or equal to (score \geq 90%) representing a high performance;
- **Light blue:** the scores between 70% and 90% ($70\% \leq$ score $<$ 90%) representing a good performance;
- **Yellow:** the scores between 50% and 70% ($50\% \leq$ score $<$ 70%) representing a fair/promising performance; and
- **Red:** the scores less than 50% (score $<$ 50%) representing a poor performance.

Because the 44 hospitals should have achieved Level II, standards with a composite score below 70% must be seen as alert for a special focus for improvement. These standards are presented in Table 5 below.

Table 5: Low performing standards at Level II for 44 hospitals

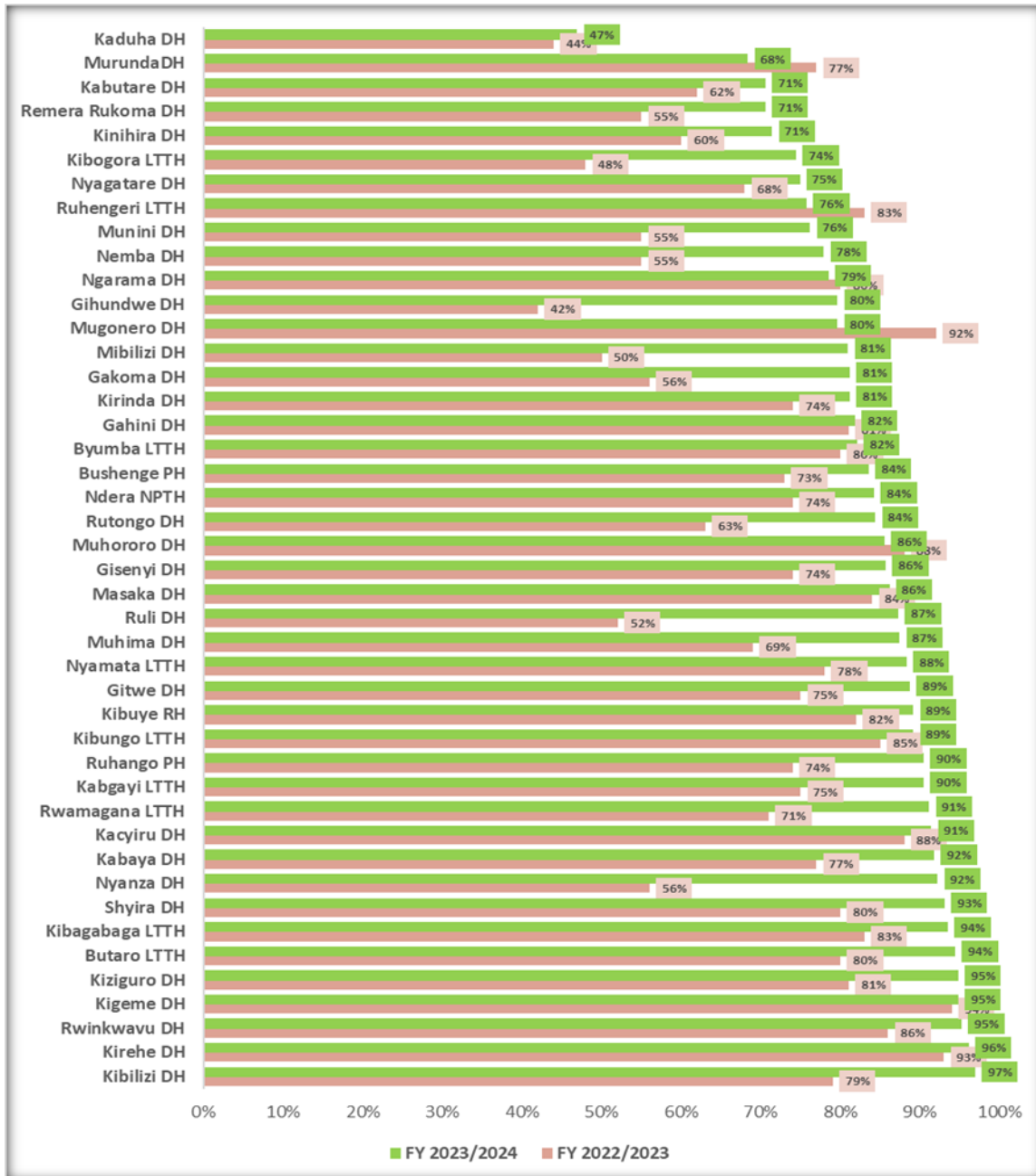
Standards	Standard type	LII score
Risk Area 1. Leadership Process and Accountability		
S.03 Management of policies, procedures, protocols, and clinical guidelines	Non critical	58%
S.05 Mentorship and oversight of healthcare facilities in catchment area	Non critical	60%
S.17 Effective medical record management	Non critical	61%
S.18 Oversight of human subject research	Non critical	67%
Risk Area 2. Competent and Capable Workforce		
S.05 Trained and competent staff	Non critical	58%
Risk Area 3. Safe Environment for Staff and Patients		
S.01 Infrastructure, utilities, resources and equipment and furniture	Non critical	39%
Risk Area 4. Clinical Care of Patients		
S.04 Pain assessment, reassessment, and appropriate management	Non critical	56%
S.21 Safe medication use	Critical	70%
Risk Area 5. Improvement of Quality and Safety	-	-

3.1.7 Performance trend from the previous fiscal year

Overall Level II scores

Figure 6 (below) highlights hospital progress by comparing the previous and the current FY Level II overall scores. The hospitals are ranked per their current FY performances at Level II, starting with the hospitals having the highest scores. Most of the hospitals improved their Level II overall score compared to the previous FY score, except five hospitals (Muhororo, Mugonero, Ngarama, Ruhengeri and Murunda) for which the overall Level II score decreased.

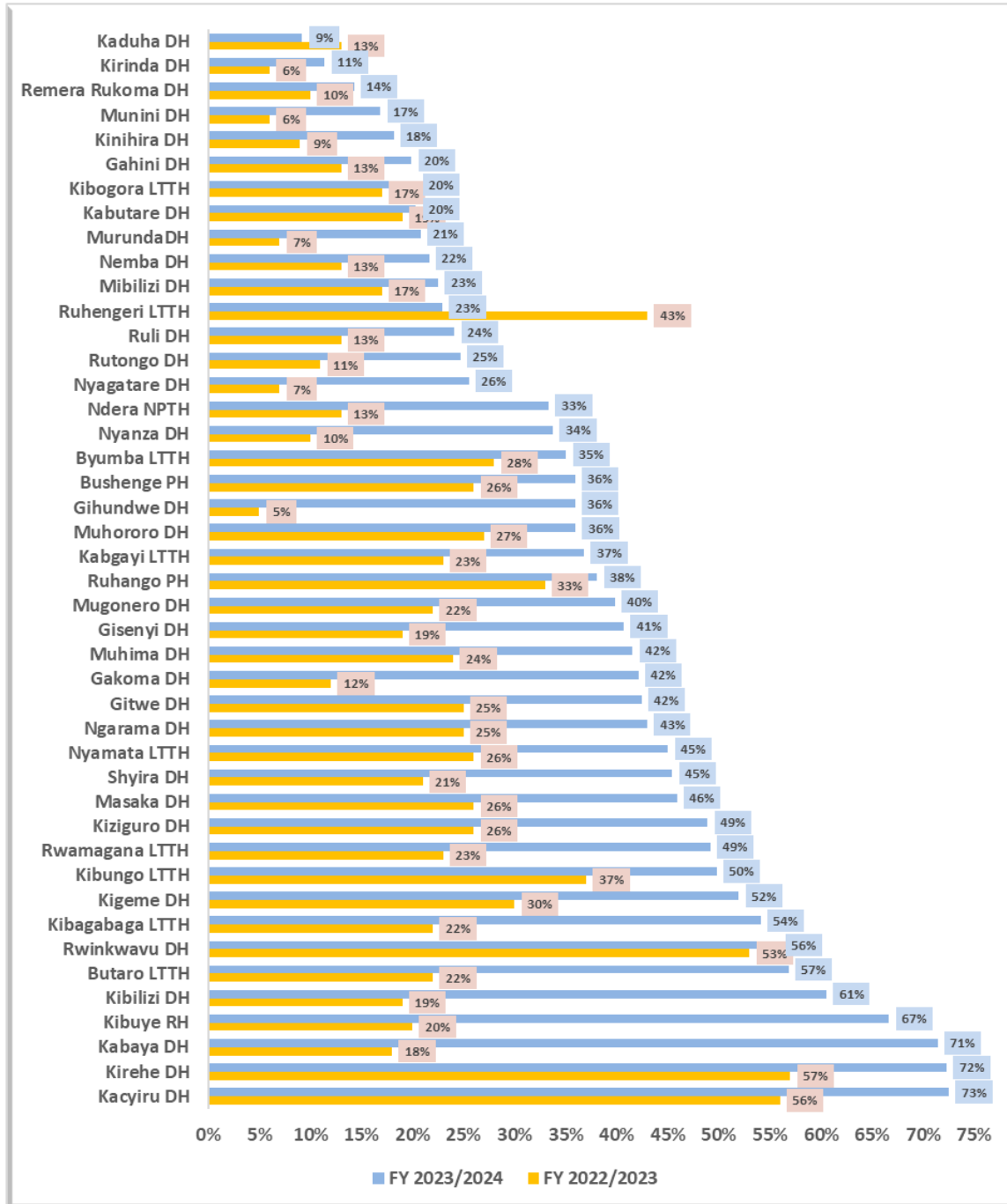
Figure 6: Hospitals' Level II Overall Scores trend



Overall Level III scores

Figure 7 (below) highlights hospital progress by comparing the previous and the current FY Level III overall scores. The hospitals are ranked per their current FY performances at Level III, starting with the hospitals having the highest scores. Almost all hospitals improved their Level III overall score compared to the previous FY score, except Ruhengeri L2TH, whose score decreased from 43% to 23%. Kabaya, Kibuye and Kibilizi DHs have experienced a remarkable increase from 18% to 71%, 20% to 67%, and 19% to 61%, respectively.

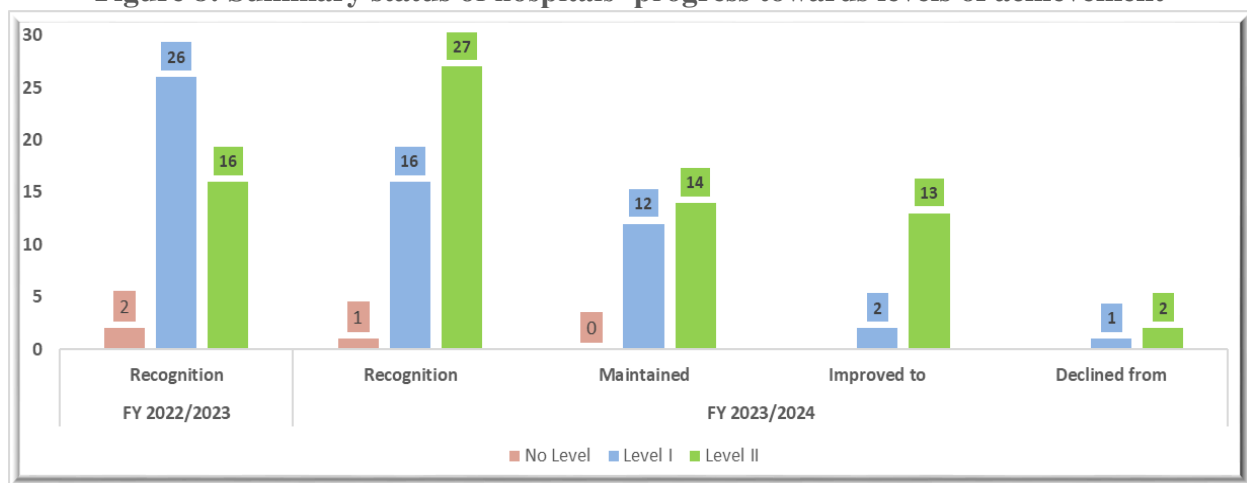
Figure 7: Hospitals' Level III Overall Scores trend



Progress towards accreditation

In terms of accreditation recognition, 2 hospitals had not achieved Level I (or any level) in the previous FY 2022/23 while 26 hospitals had achieved Level I and 16 hospitals had achieved Level II. In the current FY 2023/24, one hospital did not achieve Level I (No level achieved), 16 hospitals achieved Level I and 27 hospitals achieved Level II. In the current FY 2023/24, 12 hospitals that had achieved Level I in the previous FY maintained it while 14 hospitals that had achieved Level II in the previous FY maintained it. Additionally, 2 hospitals that had not achieved Level I in the previous FY improved to Level I status, while 13 hospitals that had achieved Level I in the previous FY improved to Level II in the current FY. On the other hand, 1 hospital that had achieved Level I in the previous FY declined from that Level to no achievement status, while 2 hospitals that had achieved Level II declined from that Level to Level I status.

Figure 8: Summary status of hospitals' progress towards levels of achievement

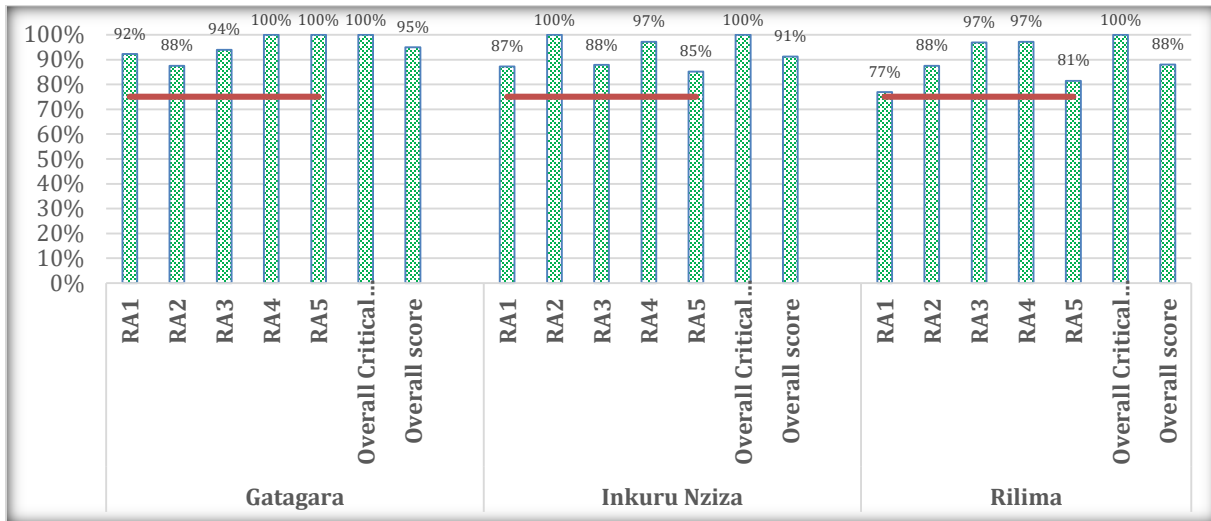


3.2 Progress Results for 3 Specialized Hospitals

3.2.1 Performance towards Level I

Besides having a particular set of standards, the three orthopedic hospitals (Gatagara, Rilima and Inkuru Nziza) have been enrolled later in the accreditation program and, for the moment, their expected performance was to achieve Level I of accreditation. Figure 9 (next page, below) illustrates the status of these hospitals towards meeting Level I recognition criteria, including the average Risk Areas requirement of at least 75% on each, the overall average critical standards requirement of at least 80%, and the overall average requirement of at least 85%. **All three orthopedic hospitals have met those criteria and achieved Level I of accreditation.**

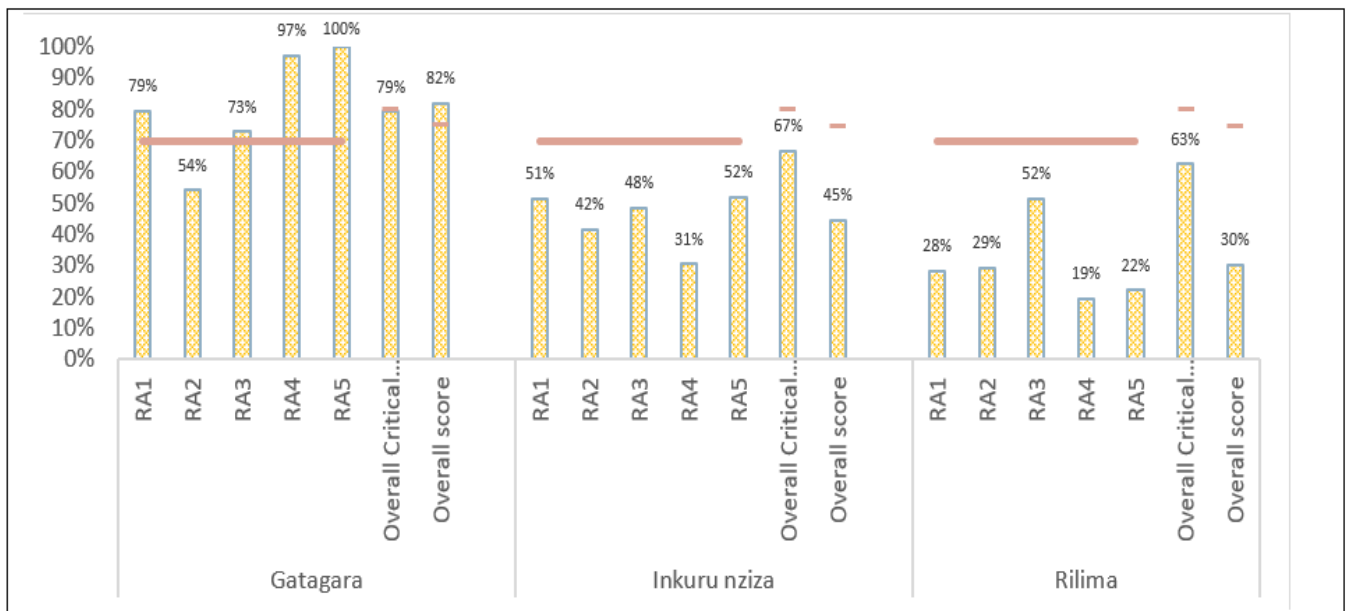
Figure 9: Achieved scores versus Level I requirements for specialized hospitals



3.2.2 Performance towards Level II

Beyond achieving Level I of accreditation, the three specialized hospitals have also made significant progress toward Level II. Figure 10 (, below) illustrates the status of these hospitals towards meeting Level II recognition criteria, including the average Risk Areas requirement of at least 70% on each, the overall average critical standards requirement of at least 80%, and the overall average requirement of at least 75%. Although there is good progress, none of these specialized hospitals achieved Level II. However, Gatagara hospital's progress was remarkable and close to meeting Level II accreditation criteria.

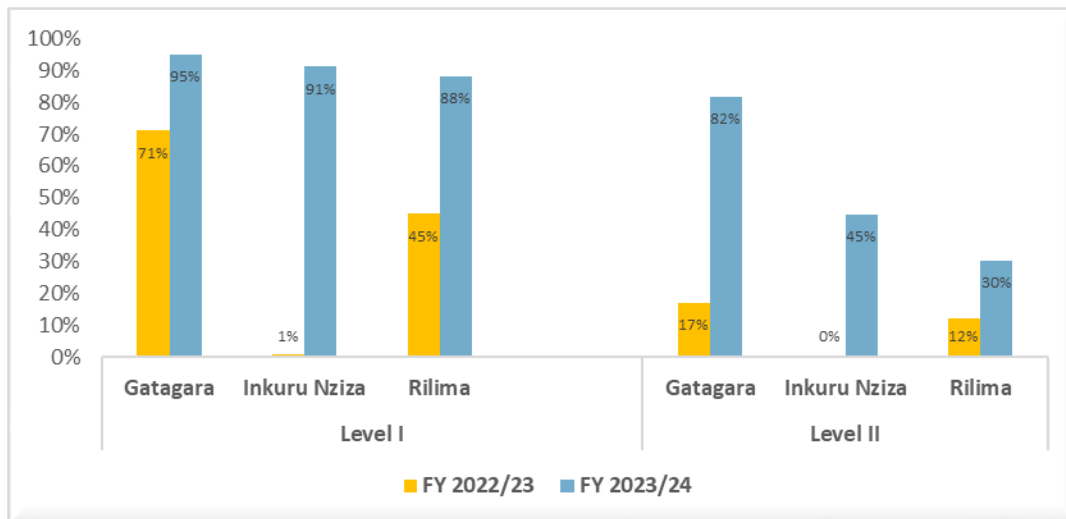
Figure 10: Achieved scores versus Level II requirements for specialized hospitals



3.2.3. Performance trend from the previous fiscal year

In terms of comparison with the previous FY results, there has been good progress at both Level I and Level II. Figure 11 (, below) illustrates the progress made. A particular improvement at Level I was made by Inkuru Nziza hospital, which increased its overall score from 1% to 91%. With regards to Level II, a tremendous improvement was made by Gatagarara and Inkuru Nziza hospitals, raising their overall scores from 17% to 82% and 0% to 45%, respectively.

Figure 11: Specialized hospitals’ progress trend towards Level I and Level II

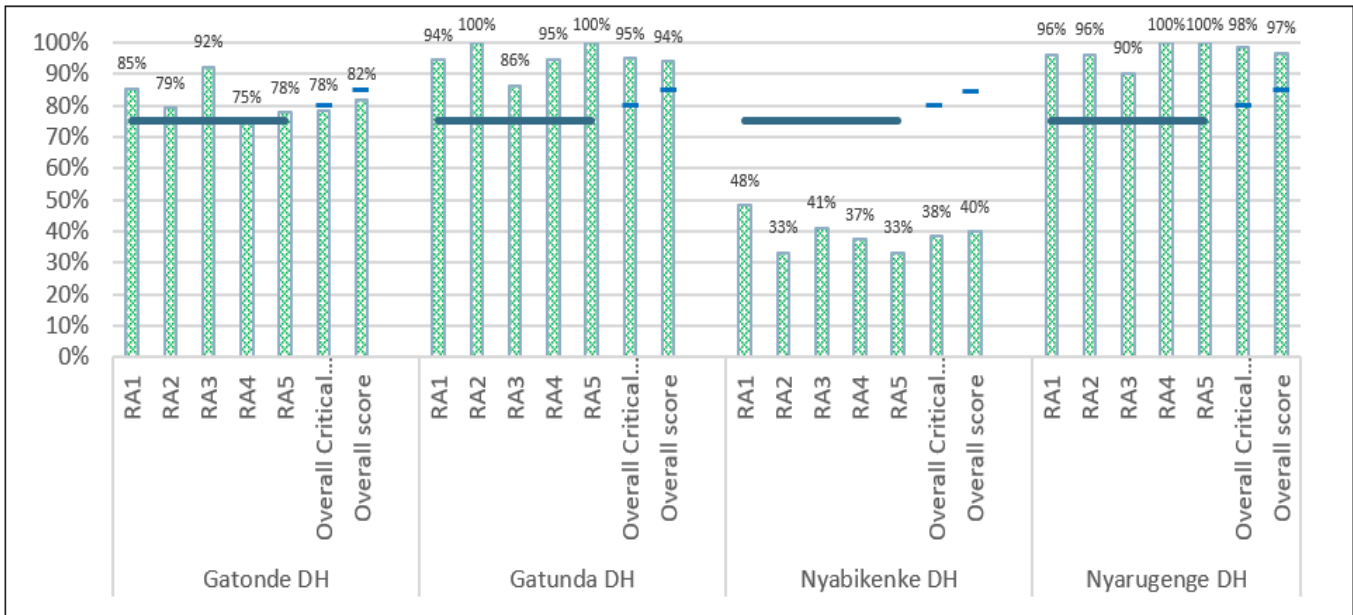


3.3 Progress Results for 4 Recently Enrolled Hospitals

3.3.1 Performance toward Level I

Four hospitals (Gatonde DH, Gatunda DH, Nyabikenke DH and Nyarugenge DH) were established recently as district hospitals and enrolled later in the accreditation program. Hence, their current expected performance is to achieve Level I of accreditation. Figure 12 (next page, below) illustrates the status of these hospitals towards meeting Level I recognition criteria including the average Risk Areas requirement of at least 75% on each, the overall average critical standards requirement of at least 80%, and the overall average requirement of at least 85%. **Gatunda and Nyarugenge DHs achieved all the criteria of Level I recognition**, while Gatonde and Nyabikenke hospitals failed to meet the criteria and were not recognized for achieving Level I of accreditation. However, Gatonde DH was close to meeting all the criteria for Level I achievement, while Nyabikenke DH had still a large gap towards Level I achievement.

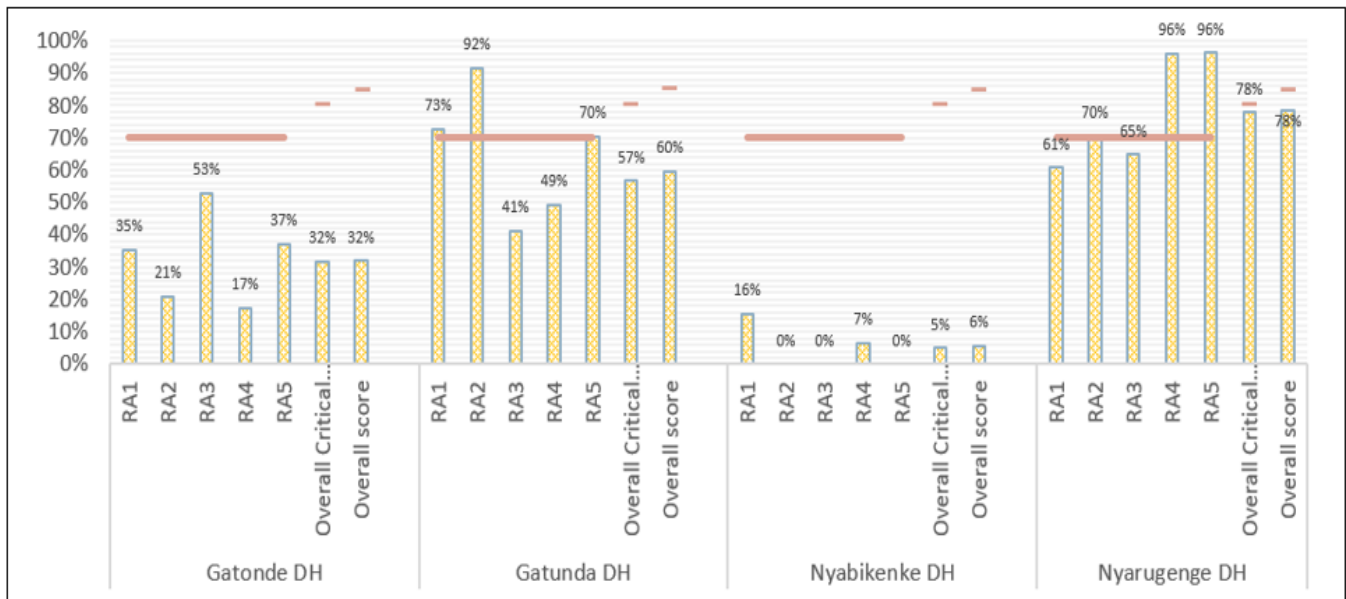
Figure 12: Achieved scores versus Level I requirements for recently enrolled DHs



3.3.2 Performance towards Level II

Figure 13 (, below) illustrates the status of the four recently enrolled hospitals toward meeting Level II recognition criteria including the average Risk Areas requirement of at least 70% on each, the overall average critical standards requirement of at least 80%, and the overall average requirement of at least 75%. None of the four hospitals achieved Level II. However, the achievements of Nyarugenge and Gatunda DHs are remarkable and not far from meeting Level II accreditation criteria.

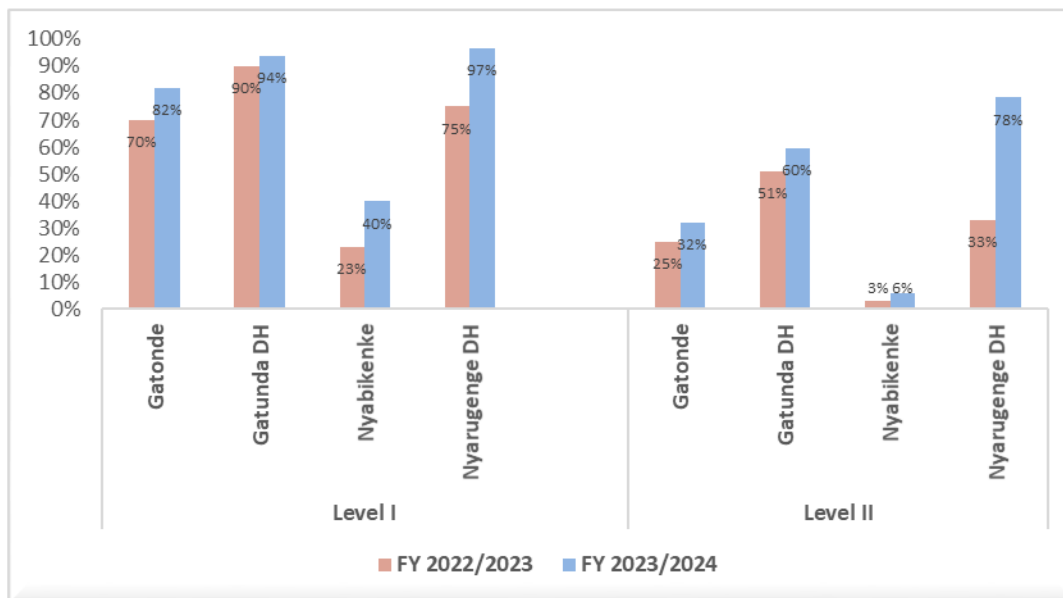
Figure 13: Achieved scores versus Level II requirements for recently enrolled DHs



3.3.3 Performance trend from the previous fiscal year

Figure 14 (below) illustrates the progress made from the previous FY by the recently enrolled district hospitals for overall Level I and Level II scores. All four hospitals increased their scores significantly on Level I, but Nyabikenke had still a very low score despite the improvements made. Regarding Level II, the overall scores for Gatonde, Gatunda and Nyarugenge DHs increased from 25% to 32%, 51% to 60% and 33% to 78% respectively, while Nyabikenke DH increased its overall score slightly from 3% to 6%.

Figure 14: Recently enrolled DHs' progress trend towards Level I and Level II



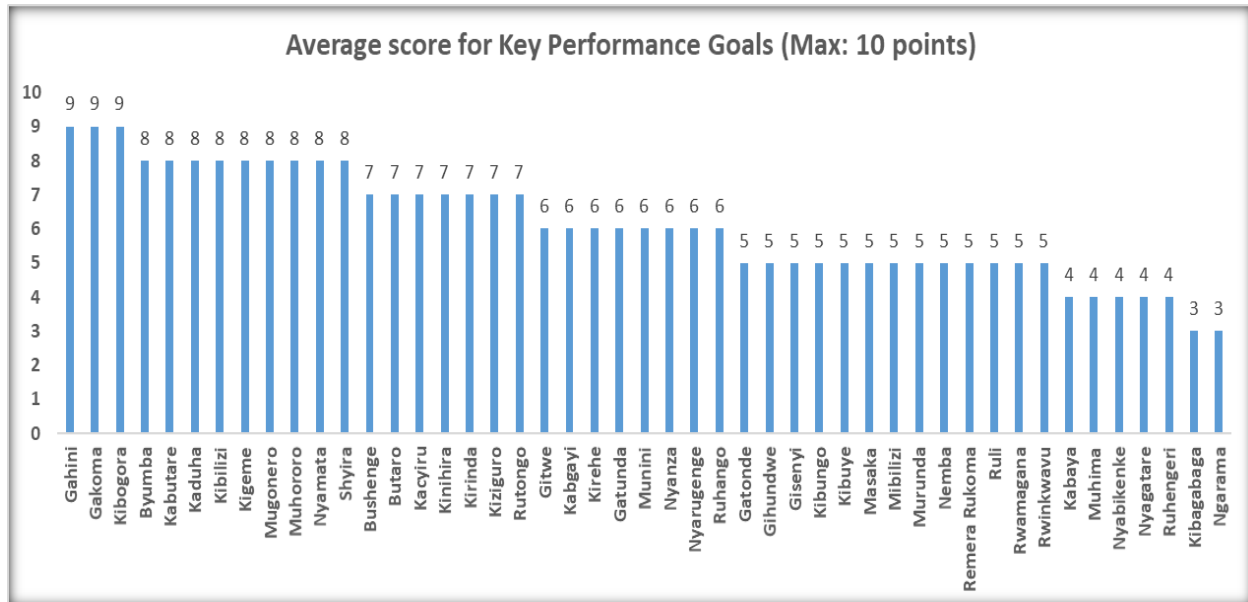
4. Status of Key Performance Goals

The Ministry of Health established the following key performance goals (KPG) that are monitored annually through the accreditation assessment surveys:

- Reducing Maternal Mortality (MM)
- Reducing Post Cesarean Section Infections (PCIs)
- Reducing Neonatal Mortality (NNM)
- Reducing Neonatal Birth Asphyxia rate (NNBA)
- Increasing Antenatal Care rate (ANC)

The indicators associated with these goals have been assessed for the FY 2023/2024 and scored based on a 0 – 10-point metric and the criteria established by the MOH. The detailed values and scores of KPG indicators per hospitals are presented in the Annex 5. The Figure 15 (below) provides the average score for KPGs. Three hospitals (Gahini, Gakoma and Kibogora) obtained a higher score of 9 out of 10, while Ngarama and Kibagabaga obtained the lowest score of 3 out of 10.

Figure 15: Average score of KPGs per HospitalIndicators



The Table 6 below indicates the average values and scores for KPG indicators per Levels of Accreditation. In general, the average values and scores of KPG indicators for the hospitals that achieved Level II were better than the averages values and scores of KPG indicators for the hospitals that achieved Level I.

Table 6: Average values and scores for KPG indicators per Levels of Accreditation

Indicators		No Level	Level I	Level II	All levels
Average values	Maternal Mortality ratio (per 100000)	27	83	51	62
	Post Cesarean Section Infections rate	2.4%	1.8%	1.7%	1.8%
	Neonatal Mortality rate	12.6	16.0	11.9	13.6
	Neonatal Birth Asphyxia rate	1.0%	2.5%	2.3%	2.3%
	Antenatal Care rate	51%	52%	53%	52%
Average scores	Maternal Mortality score	9.0	4.7	6.6	5.9
	Post Cesarean Section Infections score	7.5	7.8	7.8	7.8
	Neonatal Mortality score	5.0	5.8	6.7	6.2
	Neonatal Birth Asphyxia score	3.5	2.9	3.6	3.3
	Antenatal Care score	6.3	7.6	7.8	7.6
	All scores	5.7	5.7	6.5	6.1

5. Discussion and Recommendations

This section examines the issues identified through the hospital accreditation system and the challenges faced during the accreditation survey process. It also offers recommendations for the Ministry of Health (MoH), hospitals, and development partners to address these issues and improve the overall effectiveness of the accreditation program.

5.1. Enhance Compliance with Accreditation Standards

Despite the expectation for the 44 previously enrolled hospitals to achieve Level III accreditation, none have reached this level, and a significant number have not attained even Level II. This situation underscores the need for intensified efforts to improve standards compliance at both Level II and Level III. The MoH, hospital leadership, and development partners should focus on elevating compliance, with particular attention to the low-performing standards identified in the annexes, to drive overall improvement.

5.2. Improve Hospital Self-Assessment Practices

Significant discrepancies between hospitals' self-assessment results and external accreditation survey results suggest that self-assessments are not being conducted effectively. This also points to potential differences in understanding standards compliance between hospital quality improvement committees and surveyors. To address this, the MOH should implement quarterly or semi-annual quality improvement meetings to align understanding and enhance consistency in quality improvement approaches.

5.3. Encourage Continuous Preparation for Accreditation Surveys/ Address Last-Minute Preparation for Accreditation Surveys

The goal of accreditation is to foster a culture of continuous quality improvement in healthcare facilities. However, it appears that hospitals often engage in intensive preparation only shortly before surveys are conducted. This practice threatens the sustainability of quality improvement efforts. To counteract this, it can be useful to consider reducing the advance notice of survey dates and inform hospitals that surveys will occur at any time during the year, with specific dates communicated no more than a week in advance. This approach will encourage hospitals to maintain ongoing readiness and commitment to high-quality care.

5.4. Digitize the Accreditation Process

The accreditation process generates vast amounts of data, which can be challenging to manage without a digital system. Implementing a digital management system would streamline the process by reducing the time required for surveyors to consult toolkits, record observations, and assign scores. Digitalization could also enable remote document reviews and improve the efficiency of survey results analysis through integrated dashboards, enhancing the quality and efficiency of the accreditation process.

5.5. Build Capacity for Level III Accreditation

Many hospitals struggle to progress to Level III accreditation due to limited capacity among leaders and staff to implement data-driven risk-reduction strategies and continuous improvement initiatives. The MOH should provide training for hospital accreditation support committees and surveyors on effective quality improvement monitoring and risk-reduction strategies. This training

should focus on scientific problem-solving, identifying barriers, setting objectives, conducting root cause analyses, and using data to improve service quality.

5.6. Expand Training for Surveyors, Facilitators, and Quality Improvement Committees

Surveyor availability has been an issue, partly due to hospital leaders' reluctance to permit their involvement and some surveyors' personal reasons. To mitigate this, the MOH should train additional surveyors and provide ongoing training for new facilitators and quality improvement committee members to address staff turnover and ensure a consistent survey process.

5.7. Increase Accountability and Sustainability of the Accreditation Program

The current centralized model, where the MOH and development partners bear the full costs of hospital surveys, raises concerns about long-term sustainability. To ensure the program's future viability, a sustainability plan should be developed that decentralizes responsibilities and costs to the hospitals themselves, fostering greater commitment and ownership.

5.8. Evaluate the Effectiveness and Impact of the Accreditation Program

Despite the potential benefits of the accreditation program, there is a lack of objective evaluations of its effectiveness and impact on healthcare improvements. The MOH and partners should commission independent evaluations to assess the program's benefits and provide recommendations for improvement.

5.9. Review and Restructure the Accreditation Program

The current structure of the Rwandan hospital accreditation program requires a thorough review. Questions to consider include the accreditation certification body, its expertise, and whether the program should include private hospitals and other healthcare facilities. A feasibility study and consultations with experts should be conducted to explore potential restructuring and improvements to the accreditation model.

5.10. Provide Resources to Support Accreditation Compliance

Hospitals face challenges related to human and financial resources, impacting their ability to meet accreditation requirements. The MOH should address staff shortages by appointing necessary staff and improving staff well-being. Additionally, a consistent continuing professional development (CPD) program for healthcare providers should be implemented. Guidelines for budgeting and implementing quality improvement activities, along with performance-based funding, should be developed to support hospitals in meeting accreditation standards.

5.11. Establish Physical Introductory Sessions and Extend Survey Duration

Surveyors have encountered issues requiring discussion and clarification, such as varying opinions on standards and potential inconsistencies in survey results. To address these issues, the MOH should integrate physical introductory sessions throughout the survey process to increase harmonization. Additionally, extending the survey duration to a minimum of six days, including one day for result analysis and report writing, would allow surveyors to complete tasks thoroughly.

6. Conclusion

The Government of Rwanda, through the Ministry of Health and public hospitals, has made substantial progress in implementing a harmonized approach to healthcare quality improvement. This program is essential and contributes to consistently advancing best practices in healthcare through continuous improvements. The annually conducted accreditation surveys provide indications on the status of quality healthcare services provided by the hospitals. The current FY 2023-2024 survey was conducted in 51 hospitals, including 44 hospitals enrolled longer time ago (in a period more than 3 years' ago), 3 specialized orthopedic hospitals, and 4 district hospitals enrolled in recent years. Twenty-seven of the 44 hospitals (Targeting Level III) achieved Level II of the accreditation, while all 3 specialized hospitals and 2 out of 4 recently enrolled district hospitals achieved Level I.

The progress made has practical implications on the quality of healthcare delivered across Rwanda. Most of the hospitals enrolled previously to the program are progressing well toward Level II, indicating that these hospitals are implementing standards' processes consistently. The hospitals enrolled recently in the program are also making good progress toward Level I, indicating a good progress in adopting and communicating standards of practices in quality healthcare. Nevertheless, as reflected at Level III of the accreditation, most hospitals are still struggling to monitor practices through data collection and reduce identified risks based on observed trends. Well-coordinated and consistent support from the Ministry and partners is needed at this particular level of effort. The Ministry of Health is also recommended to take further actions for the review of the entire program and make necessary adjustments aimed at program sustainability and improved impact. Quality improvement should not only be focused on practices within hospitals, but also within the accreditation program design itself.

Annexes

Annex 1: Overall scores and recognition status per hospital for 44 hospitals targeting Level III

#	Hospital Name	Overall L II score	Level II status	Overall L III score	Level III status
1	Kacyiru DH	91%	Achieved	73%	Not Achieved
2	Kirehe DH	96%	Achieved	72%	Not Achieved
3	Kabaya DH	92%	Achieved	71%	Not Achieved
4	Kibuye RH	89%	Achieved	67%	Not Achieved
5	Kibilizi DH	97%	Achieved	61%	Not Achieved
6	Butaro LTTH	94%	Achieved	57%	Not Achieved
7	Rwinkwavu DH	95%	Achieved	56%	Not Achieved
8	Kibagabaga LTTH	94%	Achieved	54%	Not Achieved
9	Kigeme DH	95%	Achieved	52%	Not Achieved
10	Kibungo L2TH	89%	Achieved	50%	Not Achieved
11	Kiziguro DH	95%	Achieved	49%	Not Achieved
12	Masaka DH	86%	Achieved	46%	Not Achieved
13	Shyira DH	93%	Achieved	45%	Not Achieved
14	Nyamata L2TH	88%	Achieved	45%	Not Achieved
15	Gakoma DH	81%	Achieved	42%	Not Achieved
16	Muhima DH	87%	Achieved	42%	Not Achieved
17	Gisenyi DH	86%	Achieved	41%	Not Achieved
18	Ruhango PH	90%	Achieved	38%	Not Achieved
19	Kabgayi DH	90%	Achieved	37%	Not Achieved
20	Muhororo DH	86%	Achieved	36%	Not Achieved
21	Bushenge PH	84%	Achieved	36%	Not Achieved
22	Byumba L2TH	82%	Achieved	35%	Not Achieved
23	Nyanza DH	92%	Achieved	34%	Not Achieved
24	Ndera DH	84%	Achieved	33%	Not Achieved
25	Rutongo DH	84%	Achieved	25%	Not Achieved
26	Gahini DH	82%	Achieved	20%	Not Achieved
27	Kirinda DH	81%	Achieved	11%	Not Achieved

#	Hospital Name	Overall L II score	Level II status	Overall L III score	Level III status
28	Rwamagana L2TH	91%	Not Achieved	49%	Not Achieved
29	Ngarama DH	79%	Not Achieved	43%	Not Achieved
30	Gitwe DH	89%	Not Achieved	42%	Not Achieved
31	Mugonero DH	80%	Not Achieved	40%	Not Achieved
32	Gihundwe DH	80%	Not Achieved	36%	Not Achieved
33	Nyagatare DH	75%	Not Achieved	26%	Not Achieved
34	Ruli DH	87%	Not Achieved	24%	Not Achieved
35	Ruhengeri L2TH	76%	Not Achieved	23%	Not Achieved
36	Mibilizi DH	81%	Not Achieved	23%	Not Achieved
37	Nemba DH	78%	Not Achieved	22%	Not Achieved
38	MurundaDH	68%	Not Achieved	21%	Not Achieved
40	Kibogora L2TH	74%	Not Achieved	20%	Not Achieved
39	Kabutare DH	71%	Not Achieved	20%	Not Achieved
41	Kinihira DH	71%	Not Achieved	18%	Not Achieved
42	Munini DH	76%	Not Achieved	17%	Not Achieved
43	Remera Rukoma DH	71%	Not Achieved	14%	Not Achieved
44	Kaduha DH	47%	Not Achieved	9%	Not Achieved

Annex 2: Standards' performance for 44 hospitals targeting Level III

Standards	Standard type	LI	LII	LIII
Risk Area 1. Leadership Process and Accountability		97%	81%	39%
S.01 Leadership responsibilities and accountabilities identified	Non critical	100%	95%	70%
S.02 Strategic and operation planning	Non critical	92%	89%	42%
S.03 Management of policies, procedures, protocols, and clinical guidelines	Non critical	98%	58%	13%
S.04 Management of health information	Non critical	98%	87%	60%
S.05 Mentorship and oversight of healthcare facilities in catchment area	Non critical	95%	60%	22%
S.06 Risk Management	Non critical	94%	73%	11%
S.07 Financial management	Non critical	100%	74%	15%
S.08 Efficient Use of Resources	Non critical	94%	71%	27%
S.09 Leadership for quality and patient safety	Critical	100%	92%	55%
S.10 Quality requirements in contracts management	Non critical	100%	98%	67%
S.11 Integration of quality, safety and risk management	Non critical	94%	74%	50%
S.12 Compliance with national laws and regulations	Critical	98%	89%	37%
S.13 Commitment to patient and family rights	Non critical	99%	87%	52%
S.14 Patient access to services	Non critical	98%	91%	30%
S.15 Efficient admission and registration processes	Non critical	100%	98%	41%
S.16 Effective inventory management	Non critical	95%	74%	33%
S.17 Effective medical record management	Non critical	95%	61%	35%
S.18 Oversight of human subject research	Non critical	93%	67%	44%
Risk Area 2. Competent and Capable Workforce		97%	80%	35%
S.01 Personnel files available, complete, up to date	Non critical	100%	89%	64%
S.02 Credentials of healthcare professionals	Critical	97%	86%	64%
S.03 Privileges for health professionals	Non critical			
S.04 Orientation to hospital and job	Non critical	97%	75%	27%
S.05 Trained and competent staff	Non critical	90%	58%	13%
S.06 Sufficient Staff to meet patient needs	Non critical	94%	75%	17%
S.07 Oversight of students/trainees	Critical	99%	92%	47%
S.08 Training in resuscitative techniques	Critical	99%	89%	29%
S.09 Staff performance management	Non critical	98%	78%	30%
S.10 Staff health and safety program	Critical	100%	82%	30%
Risk Area 3. Safe Environment for Staff and Patients		96%	85%	39%

Standards	Standard type	LI	LII	LIII
S.01 Infrastructure, utilities, resources and equipment and furniture	Non critical	73%	39%	9%
S.02 Regular inspection of environmental safety	Non critical	94%	83%	33%
S.03 Management of hazardous materials	Non critical	100%	92%	49%
S.04 Fire safety and disaster management	Critical	98%	87%	30%
S.05 Biomedical equipment safety	Non critical	98%	85%	44%
S.06 Stable safe water sources	Critical	100%	98%	57%
S.07 Stable electricity sources	Critical	100%	96%	62%
S.08 Protection from aggression, violence, abuse and loss or damage to property	Non critical	95%	77%	15%
S.09 Coordination of infection prevention and control program	Non critical	98%	85%	58%
S.10 Reduction of health care-associated infections through hand hygiene	Non critical	100%	97%	48%
S.11 Effective sterilization processes	Critical	100%	89%	50%
S.12 Effective laundry and linen services	Critical	99%	95%	36%
S.13 Reduction of health care-associated infections	Non critical	93%	74%	35%
S.14 Barrier techniques available and used	Critical	100%	92%	27%
S.15 Proper disposal of sharps and needles	Non critical	100%	95%	40%
S.16 Proper storage and disposal of infectious medical waste	Critical	100%	86%	30%
S.17 Monitoring, reporting, and Preventing the spread of communicable diseases	Non critical	89%	72%	42%
Risk Area 4. Clinical Care of Patients	Non critical	98%	85%	35%
S.01 Correct patient identification	Non critical	95%	83%	23%
S.02 Informed consent	Non critical	99%	75%	28%
S.03 Medical, nursing, and allied health professional assessment and reassessment of patients complete and timely	Non critical	100%	86%	20%
S.04 Pain assessment, reassessment, and appropriate management	Non critical	96%	56%	19%
S.05 Laboratory services are available and reliable	Non critical	100%	87%	70%
S.06 Diagnostic imaging services available, safe, and reliable	Non critical	100%	83%	56%
S.07 Written plan of care	Non critical	98%	78%	34%
S.08 Clinical protocols available and used	Non critical	100%	93%	13%
S.09 Protocols for managing high-risk patients/procedures	Critical	96%	93%	20%
S.10 Comprehensive management of reproductive and maternal health care	Non critical	97%	95%	31%
S.11 Comprehensive management of newborn care	Non critical	98%	97%	55%
S.12 Comprehensive management of child and adolescent health care	Non critical	98%	89%	33%
S.13 Access to safe and adequate nutrition to hospitalized children	Non critical	98%	73%	26%
S.14 Comprehensive management of HIV prevention and care	Non critical	99%	97%	74%

Standards	Standard type	LI	LII	LIII
S.15 Comprehensive management tuberculosis prevention and care	Non critical	100%	95%	75%
S.16 Anesthesia and sedation are used appropriately	Critical	99%	91%	36%
S.17 Surgical services are appropriate to patient needs	Non critical	100%	94%	25%
S.18 Comprehensive management of emergency triage	Critical	100%	89%	25%
S.19 Essential emergency medications, equipment, and supplies	Critical	100%	77%	38%
S.20 Ambulance service equipped	Critical	98%	87%	32%
S.21 Safe medication use	Critical	93%	70%	27%
S.22 Patients educated to participate in their care	Non critical	100%	77%	37%
S.23 Communication among those caring for patients	Non critical	100%	93%	28%
S.24 Referral/Transfer Information Communicated	Non critical	98%	86%	37%
S.25 Complete & thorough clinical documentation	Non critical	98%	89%	28%
Risk Area 5. Improvement of Quality and Safety	Non critical	98%	89%	44%
S.01 Quality and safety program	Non critical	98%	88%	63%
S.02 Effective customer care program	Non critical	100%	97%	53%
S.03 Patient satisfaction monitored	Non critical	96%	82%	43%
S.04 Complaint, Compliment and suggestion process	Non critical	96%	95%	46%
S.05 Clinical outcomes are monitored	Critical	95%	80%	64%
S.06 Incident, near miss and sentinel event reporting system	Critical	99%	84%	33%
S.07 Staff demonstrate how to improve quality and patient safety	Non critical	100%	98%	31%
S.08 Communicating quality and patient safety information to staff	Non critical	100%	87%	14%
S.09 Staff satisfaction monitored	Non critical	98%	94%	49%
Grand Total		97%	84%	38%

Annex 3: Standards' performance for specialized hospitals

Standards	Standard type	Gatagara		Inkuru nziza		Rilima	
		Level I	Level II	Level I	Level II	Level I	Level II
Risk Area 1. Leadership and Governance		92%	79%	87%	51%	77%	28%
S.01 Organization structure and governance practices	Non critical	100%	100%	100%	33%	100%	67%
S.02 Strategic and service/operational planning	Non critical	100%	100%	100%	100%	100%	0%
S.03 Physical and Functional Rehabilitation policy and procedure manual	Non critical	100%	100%	100%	100%	100%	100%
S.04 Health management information system for Physical & functional Rehabilitation services	Non critical	100%	0%	100%	100%	33%	0%
S.05 Financial management	Non critical	100%	100%	100%	100%	33%	0%
S.06 Efficient use of resources.	Non critical	100%	100%	100%	0%	100%	0%
S.07 Compliance with national laws and regulations	Critical	100%	33%	100%	67%	100%	67%
S.08 Commitment to Physical and functional rehabilitation services Patient/Client and family rights	Non critical	100%	100%	100%	0%	100%	67%
S.09 Patient/Client access to Physical and Functional Rehabilitation services	Non critical	100%	100%	100%	67%	67%	0%
S.10 Effective inventory management	Non critical	100%	100%	33%	0%	33%	0%
S.11 Contingency planning	Non critical	100%	100%	100%	0%	67%	0%
S.12 Monitoring and evaluation of performance targets/contracts (Imihigo)	Non critical	0%	0%	0%	0%	67%	0%
S.13 Contract management	Non critical	100%	100%	100%	100%	100%	67%
Risk Area 2. Competent and Capable Workforce		88%	54%	100%	42%	88%	29%
S.01 Recruitment and incentives	Non critical	100%	100%	100%	0%	100%	0%
S.02 Personnel files available, complete, up to date	Non critical	0%	0%	100%	67%	100%	100%
S.03 Credentials of Physical and Functional Rehabilitation staff	Non critical	100%	100%	100%	67%	100%	33%
S.04 Sufficient staff to meet patient/client needs	Non critical	100%	100%	100%	0%	67%	0%
S.05 Oversight of students/ trainees	Non critical	100%	100%	100%	100%	100%	67%
S.06 Staff performance management	Non critical	100%	0%	100%	0%	67%	0%
S.07 Staff development and mentoring	Non critical	100%	0%	100%	0%	67%	0%
S.08 Staff orientation program	Non critical	100%	33%	100%	100%	100%	33%
Risk Area 3. Safe Environment		94%	73%	88%	48%	97%	52%
S.01 Facility is adequate to provide the required services	Non critical	33%	0%	0%	0%	100%	0%
S.02 Regular inspection of environmental safety	Non critical	100%	100%	100%	0%	100%	0%
S.03 Management of hazardous materials	Non critical	100%	67%	100%	67%	100%	67%
S.04 Reduction of health care associated infections through hand hygiene	Critical	100%	100%	100%	100%	100%	100%
S.05 Barrier techniques (personal protective equipment) are available and used	Critical	100%	67%	100%	100%	100%	67%

Standards	Standard type	Gatagara		Inkuru nziza		Rilima	
		Level I	Level II	Level I	Level II	Level I	Level II
S.06 Proper disposal of sharps and hazardous waste	Critical	100%	67%	100%	67%	100%	67%
S.07 Proper disposal of infectious medical waste	Critical	100%	100%	100%	100%	100%	100%
S.08 Reducing environmental risk & impact	Non critical	100%	67%	100%	0%	100%	0%
S.09 Stable and safe water source	Non critical	100%	100%	67%	0%	100%	67%
S.10 Fire safety	Non critical	100%	100%	100%	100%	100%	100%
S.11 Occupational Health & Safety	Non critical	100%	33%	100%	0%	67%	0%
Risk Area 4. Physical and Functional Rehabilitation Services		100%	97%	97%	31%	97%	19%
S.01 Patient/client registration	Non critical	100%	100%	100%	33%	100%	67%
S.02 Correct patient/client identification	Non critical	100%	100%	100%	67%	100%	33%
S.03 Physical and Functional Rehabilitation assessments complete and timely	Non critical	100%	100%	100%	0%	100%	0%
S.04 Written plans for care (patient/client pathway	Non critical	100%	100%	100%	0%	67%	0%
S.05 Patient/client informed consent	Critical	100%	100%	100%	0%	100%	33%
S.06 Physical and Functional Rehabilitation protocols and treatment guidelines are available and used	Non critical	100%	100%	100%	100%	100%	33%
S.07 Appropriate technology	Non critical	100%	100%	100%	0%	100%	33%
S.08 Patient/clients are educated to participate in their care needs	Critical	100%	67%	100%	0%	100%	0%
S.09 Communication among those caring for patient/clients	Non critical	100%	100%	67%	0%	100%	33%
S.10 Complete and thorough clinical documentation	Non critical	100%	100%	100%	67%	100%	0%
S.11 Internal and External referral planning	Non critical	100%	100%	100%	67%	100%	0%
S.12 Discharge and Follow up planning	Non critical	100%	100%	100%	33%	100%	0%
Risk Area 5. Improvement of Quality and Safety	Non critical	100%	100%	85%	52%	81%	22%
S.01 Quality and patient/client safety team	Non critical	100%	100%	100%	0%	33%	0%
S.02 Patient/client experiences and satisfaction monitored	Non critical	100%	100%	33%	0%	67%	0%
S.03 Physical and Functional Rehabilitation services outcomes monitored	Non critical	100%	100%	100%	33%	100%	0%
S.04 Incident Reporting system	Critical	100%	100%	100%	100%	100%	67%
S.05 Staff demonstrate how to improve quality	Non critical	100%	100%	100%	100%	67%	0%
S.06 Complaint and suggestion management process	Non critical	100%	100%	100%	100%	100%	33%
S.07 Staff satisfaction monitored	Non critical	100%	100%	33%	0%	100%	0%
S.08 Communicating quality and safety information to staff	Non critical	100%	100%	100%	67%	67%	0%
S.09 Customer care program	Non critical	100%	100%	100%	67%	100%	100%
Grand Total		95%	82%	91%	45%	88%	30%

Annex 4: Standards' performance for recently enrolled DHs

Standards	Type	Gatonde DH	Gatunda DH	Nyabikenke DH	Nyarugenge DH
Risk Area 1. Leadership Process and Accountability		85%	94%	48%	96%
S.01 Leadership responsibilities and accountabilities identified	Non critical	67%	100%	67%	100%
S.02 Strategic and operation planning	Non critical	0%	100%	0%	100%
S.03 Management of policies, procedures, protocols, and clinical guidelines	Non critical	100%	100%	67%	100%
S.04 Management of health information	Non critical	100%	100%	0%	100%
S.05 Mentorship and oversight of healthcare facilities in catchment area	Non critical	67%	100%	33%	67%
S.06 Risk Management	Non critical	100%	100%	33%	100%
S.07 Financial management	Non critical	100%	100%	33%	100%
S.08 Efficient Use of Resources	Non critical	100%	33%	0%	100%
S.09 Leadership for quality and patient safety	Critical	100%	100%	100%	100%
S.10 Quality requirements in contracts management	Non critical	100%	100%	100%	100%
S.11 Integration of quality, safety and risk management	Non critical	67%	67%	0%	100%
S.12 Compliance with national laws and regulations	Critical	100%	100%	100%	100%
S.13 Commitment to patient and family rights	Non critical	100%	100%	100%	100%
S.14 Patient access to services	Non critical	100%	100%	67%	100%
S.15 Efficient admission and registration processes	Non critical	100%	100%	0%	100%
S.16 Effective inventory management	Non critical	33%	100%	33%	100%
S.17 Effective medical record management	Non critical	100%	100%	33%	67%
S.18 Oversight of human subject research	Non critical	100%	100%	100%	100%
Risk Area 2. Competent and Capable Workforce		79%	100%	33%	96%
S.01 Personnel files available, complete, up to date	Non critical	100%	100%	0%	100%
S.02 Credentials of healthcare professionals	Critical	67%	100%	0%	100%
S.03 Privileges for health professionals	Non critical	N/A	N/A		
S.04 Orientation to hospital and job	Non critical	67%	100%	33%	67%
S.05 Trained and competent staff	Non critical	100%	100%	0%	100%
S.06 Sufficient Staff to meet patient needs	Non critical	0%	100%	0%	100%
S.07 Oversight of students/trainees	Critical	N/A			100%
S.08 Training in resuscitative techniques	Critical	100%	100%	67%	100%
S.09 Staff performance management	Non critical	100%	100%	100%	100%
S.10 Staff health and safety program	Critical	100%	100%	67%	100%
Risk Area 3. Safe Environment for Staff and Patients		92%	86%	41%	90%
S.01 Infrastructure, utilities, resources and equipment and furniture	Non critical	100%	33%	67%	100%

Standards	Type	Gatonde DH	Gatunda DH	Nyabikenke DH	Nyarugenge DH
S.02 Regular inspection of environmental safety	Non critical	100%	100%	0%	100%
S.03 Management of hazardous materials	Non critical	100%	100%	33%	100%
S.04 Fire safety and disaster management	Critical	100%	100%	67%	100%
S.05 Biomedical equipment safety	Non critical	100%	100%	67%	100%
S.06 Stable safe water sources	Critical	100%	100%	67%	100%
S.07 Stable electricity sources	Critical	100%	100%	33%	67%
S.08 Protection from aggression, violence, abuse and loss or damage to property	Non critical	67%	100%	33%	100%
S.09 Coordination of infection prevention and control program	Non critical	67%	67%	67%	100%
S.10 Reduction of health care-associated infections through hand hygiene	Non critical	100%	100%	33%	100%
S.11 Effective sterilization processes	Critical	100%	33%	33%	100%
S.12 Effective laundry and linen services	Critical	100%	100%	0%	100%
S.13 Reduction of health care-associated infections	Non critical	100%	33%	33%	33%
S.14 Barrier techniques available and used	Critical	100%	100%	33%	100%
S.15 Proper disposal of sharps and needles	Non critical	100%	100%	67%	100%
S.16 Proper storage and disposal of infectious medical waste	Critical	100%	100%	33%	100%
S.17 Monitoring, reporting, and preventing the spread of communicable diseases	Non critical	33%	100%	33%	33%
Risk Area 4. Clinical Care of Patients	Non critical	75%	95%	37%	100%
S.01 Correct patient identification	Non critical	67%	100%	67%	100%
S.02 Informed consent	Non critical	100%	100%	33%	100%
S.03 Medical, nursing, and allied health professional assessment and reassessment of patients complete and timely	Non critical	100%	100%	100%	100%
S.04 Pain assessment, reassessment, and appropriate management	Non critical	67%	100%	33%	100%
S.05 Laboratory services are available and reliable	Non critical	100%	100%	0%	100%
S.06 Diagnostic imaging services available, safe, and reliable	Non critical	0%	100%	33%	100%
S.07 Written plan of care	Non critical	67%	100%	67%	100%
S.08 Clinical protocols available and used	Non critical	100%	100%	0%	100%
S.09 Protocols for managing high-risk patients/procedures	Critical	67%	100%	0%	100%
S.10 Comprehensive management of reproductive and maternal health care	Non critical	100%	100%	33%	100%
S.11 Comprehensive management of newborn care	Non critical	100%	100%	33%	100%
S.12 Comprehensive management of child and adolescent health care	Non critical	100%	100%	67%	100%
S.13 Access to safe and adequate nutrition to hospitalized children	Non critical	100%	100%	33%	100%
S.14 Comprehensive management of HIV prevention and care	Non critical	100%	100%	100%	100%
S.15 Comprehensive management tuberculosis prevention and care	Non critical	0%	0%	33%	100%

Standards	Type	Gatonde DH	Gatunda DH	Nyabikenke DH	Nyarugenge DH
S.16 Anesthesia and sedation are used appropriately	Critical	67%	67%	33%	100%
S.17 Surgical services are appropriate to patient needs	Non critical	67%	100%	33%	100%
S.18 Comprehensive management of emergency triage	Critical	100%	100%	0%	100%
S.19 Essential emergency medications, equipment, and supplies	Critical	0%	100%	0%	100%
S.20 Ambulance service equipped	Critical	100%	100%	0%	100%
S.21 Safe medication use	Critical	0%	100%	0%	100%
S.22 Patients educated to participate in their care	Non critical	100%	100%	67%	100%
S.23 Communication among those caring for patients	Non critical	100%	100%	0%	100%
S.24 Referral/Transfer Information Communicated	Non critical	100%	100%	67%	100%
S.25 Complete & thorough clinical documentation	Non critical	67%	100%	100%	100%
Risk Area 5. Improvement of Quality and Safety	Non critical	78%	100%	33%	100%
S.01 Quality and safety program	Non critical	100%	100%	33%	100%
S.02 Effective customer care program	Non critical	67%	100%	33%	100%
S.03 Patient satisfaction monitored	Non critical	100%	100%	33%	100%
S.04 Complaint, Compliment and suggestion process	Non critical	100%	100%	33%	100%
S.05 Clinical outcomes are monitored	Critical	0%	100%	100%	100%
S.06 Incident, near miss and sentinel event reporting system	Critical	67%	100%	33%	100%
S.07 Staff demonstrate how to improve quality and patient safety	Non critical	67%	100%	0%	100%
S.08 Communicating quality and patient safety information to staff	Non critical	100%	100%	0%	100%
S.09 Staff satisfaction monitored	Non critical	100%	100%	33%	100%
Grand Total		82%	94%	40%	97%

Annex 5: Values and scores of KPG indicators per hospitals

Hospital	Achievement	KPG indicator values (FY 2023/2024)					KPG Indicator scores (FY 2023/2024)					
		PCIs rate	MM rate	NNM rate	NNBA rate	ANC rate	PCIs score	MM score	NNM score	NNBA score	ANC score	Average score
Bushenge	Level II	1.90%	127	11	2.5%	57.4%	8	7	7	2	9	7
Butaro	Level II	2.90%	40	8	1.0%	56.5%	7	7	10	3	9	7
Byumba	Level II	2.10%	26	10	2.1%	55.0%	7	7	10	6	9	8
Gahini	Level II	0.08%	34	12	0.8%	62.8%	9	9	5	10	10	9
Gakoma	Level II	1.30%	0	11	0.6%	63.2%	8	10	7	10	10	9
Gatonde	No Level	1.70%	0	20	1.5%	38.6%	8	10	0	1	5	5
Gihundwe	Level I	1.40%	78	12	1.4%	No data	8	8	5	0		5
Gisenyi	Level II	2.90%	122	18	0.0%	NA	7	0	0	7	10	5
Gitwe	Level I	1.55%	100	16	1.1%	57.3%	8	8	0	4	9	6
Kabaya	Level II	0.12%	77	24	3.4%	35.6%	9	8	0	0	5	4
Kabgayi	Level II	1.20%	36	11	2.8%	66.5%	8	7	7	0	10	6
Kabutare	Level I	1.60%	37	8	0.8%	43.8%	8	7	10	7	6	8
Kacyiru	Level II	1.48%	0	7	0.8%	N/A	8	10	10	0		7
Kaduha	No Level	3.00%	54	6	0.5%	82.0%	7	8	10	6	10	8
Kibagabaga	Level II	1.00%	111	17	7.7%	38.0%	9	0	0	0	5	3
Kibilizi	Level II	2.10%	16	10	0.8%	63.8%	7	9	10	3	10	8
Kibogora	Level I	2.00%	45	10	3.4%	55.0%	8	9	10	10	9	9
Kibungo	Level II	1.40%	51	12	1.3%	66.7%	8	0	7	2	10	5
Kibuye	Level II	3.02%	45	14	1.1%	32.0%	6	9	5	3	4	5
Kigeme	Level II	1.30%	20	10	1.9%	52.3%	8	9	7	6	8	8
Kinihira	Level I	1.90%	30	11	1.5%	77.2%	8	9	7	2	10	7
Kirehe	Level II	0.10%	25	10	1.1%	44.9%	9	7	10	0	6	6
Kirinda	Level II	2.93%	41	11	2.3%	37.5%	7	9	7	7	5	7
Kiziguro	Level II	2.00%	22	8	1.2%	40.0%	8	8	10	5	6	7
Masaka	Level II	0.80%	61	15	2.8%		9	7	5	0		5
Mibilizi	Level I	1.12%	183	11	1.0%	51.0%	8	0	7	0	8	5

Hospital	Achievement	KPG indicator values (FY 2023/2024)					KPG Indicator scores (FY 2023/2024)					
		PCIs rate	MM rate	NNM rate	NNBA rate	ANC rate	PCIs score	MM score	NNM score	NNBA score	ANC score	Average score
Mugonero	Level I	2.86%	92	10	3.0%	72.0%	7	9	10	5	10	8
Gatunda	Level I	1.58%	43	19	4.0%	57.0%	8	9	0	6	9	6
Muhima	Level II	3.29%	106	14	1.7%	34.8%	6	0	5	5	4	4
Muhororo	Level II	0.72%	47	9	1.7%	78.4%	9	9	10	0	10	8
Munini	Level I	3.24%	42	8	6.8%	58.1%	6	7	10	0	9	6
Murunda	Level I	1.30%	43	51	5.1%	28.5%	8	9	0	7	3	5
Nemba	Level I	2.00%	190	10	3.0%	48.2%	8	0	10	0	7	5
Ngarama	Level I	1.40%	187	50	5.0%	53.0%	8	0	0	0	8	3
Nyabikenke	No Level					31.8%					4	4
Nyagatare	Level I	2.20%	44	13	1.8%	43.9%	7	0	5	0	6	4
Nyamata	Level II	2.00%	0	11	1.0%	43.0%	8	10	7	10	6	8
Nyanza	Level II	1.25%	22	14	0.7%	45.6%	8	9	5	2	7	6
Nyarugenge	Level I	3.00%	129	15	0.2%	72.0%	7	0	5	6	10	6
Remera Rukoma	Level I	0.80%	55	8	1.2%	31.5%	9	0	10	4	4	5
Ruhango	Level II	0.60%	193	12	0.6%	73.5%	9	0	7	5	10	6
Ruhengeri	Level I	2.10%	74	13	1.8%	45.0%	7	0	5	2	7	4
Ruli	Level I	0.90%	59	20	1.7%	42.2%	9	9	0	0	6	5
Rutongo	Level II	2.10%	0	9	16.3%		7	10	10	0		7
Rwamagana	Level I	2.00%	64	7	1.6%	54.8%	8	0	10	0	8	5
Rwinkwavu	Level II	2.60%	94	10	1.5%	62.0%	7	0	7	0	10	5
Shyira	Level II	1.80%	0	12	2.1%	47.2%	8	10	5	8	7	8

Annex 6: Accreditation Assessment Coordination Team

SN	Names	Institution	Position
	Dr. Corneille NTIHABOSE	MOH	Head of Clinical and Public Health Services Department
	Dr. Jean Baptiste NTIHUMBYA	MOH	Director General of Health Quality Services
	Modest GASHAYIJA	MOH	Quality Improvement specialist
	Joseph GITERA	MoH	Maternal,Child and Adolescent Health Quality Specialist
	Joy ATWINE	MSH	Technical Director
	Dr. Denis AKISHURI	MSH	Quality Improvement and Accreditation Advisor
	Jean Baptiste NDAHIRIWE	MSH	Team Lead Leadership, Management & Governance
	Prof. Emmanuel KAYIBANDA	RAAQH	Legal Representative
	Prof. Emil RWAMASIRABO	RAAQH	Vice Legal Representative
	Joanna NICHOLAS	TSI	Managing Director
	Evode UWAMUNGU	TSI	Senior Research and M&E Programs Manager
	Amelia GIANCARLO	TSI	SBC Advisor
	Ole SMIT	TSI	Program & Operations Coordinator
	Arnaud IGABE	TSI	MEL Manager

Approved by:

Dr. Athanase Rukundo

Dr. Anita Asimwe

Acting Head of Clinical and Public Health Services

Chief of Party of USAID Ireme Project