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Benefit of Accreditation in Hospitals

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ABSTRACT

This document is based on experience-based articles. Accreditation means certification of quality of services by external agencies. It is a process in which an agency, separate from the health care organization, usually, but not necessarily non-governmental, assesses the health care organization to determine if it meets the sets of standards considered essentials (as laid down by the accrediting agency) to improve the quality of health care being rendered by the organization. The object of this article is quality improvement of the hospitals or health care organization.

Keywords: Accreditation, Quality Improvement, Hospitals

1. INTRODUCTION

"A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards".

Accreditation benefits all stake holders. Patients are the biggest beneficiary. Accreditation results in high quality of care and patient safety. The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated.

The staffs in an accredited health care organization are satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes.

Accreditation to a health care organization stimulates continuous improvement. It enables the organization in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organization. It also provides opportunity to healthcare unit to benchmark with the best.

Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care⁶¹.

Hospitals and health care services are important elements of any well ordered and human society and will indisputably play key role in nurturing of society. That hospital should be places of safety, not only for patients but also for the staff and for general public, is of the greatest importance. Quality of hospitals and health care services is also of great interest to many other bodies, including governments, NGO, targeting healthcare and social welfare, association of

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doctors and patients, medical insurance companies, shareholders of companies, shareholder of companies providing healthcare services etc.¹⁷

Accreditation usually involves measuring an organization against other equivalent organizations and providing feedback to the accredited organization on progress towards quality goals, and areas requiring greatest attention. This is also known as “benchmarking” and is recognized as a significant incentive for organization, as they measure their own performance against others¹⁷.

The accreditation process is an integral part of health care systems in over 70 countries²⁶ and the International Society for Quality in Health Care (ISQua) is the largest associated international body. In some regions, the accreditation of health care organizations remains voluntary, while in others it has become government-mandated⁵⁰. Its rapid growth over the last 40 years is partially attributable to media reporting of serious inadequacies in the quality and safety of health care services, and an escalating focus on patient safety.

Most accrediting bodies' health care accreditation programs consist of periodic or cyclical assessments of organizational and clinical practices and the measurement of their performance against pre-established, evidence-based standards. This is usually done through self-assessments, peer surveyor on-site visits, interviews by the surveyors, and the careful study of administrative and clinical data and documentation. This process typically culminates in the provision of an accreditation report and notification about whether an organization is accredited.

2. QUALITY IMPROVEMENT^{17,18}

Quality improvement is a systematic approach to reduction or elimination of waste, work-back flow, rework and losses in production process.

Aims

- Safe: avoiding injuries to patients from care that is intended to help them.
- Effective: providing services based on scientific knowledge to all who could benefit and refraining from providing services to those unlikely to benefit (avoiding underuse and overuse).
- Patient centered-providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide clinical decisions.
- Timely-reducing waits and sometimes harmful delays for both those who receive and give care.

- Efficient: avoiding waste, such as waste of equipment, supplies, ideas and energy.
- Equitable: providing care that does not differ in quality because of personal characteristic such as gender, geographic location and socio-economic status.
- Essential of quality improvement in health care services-

Improvement of health services is a long term process. It can be achieved by implementing a carefully planned programme of quality management. The programme has to be

- Well planned and meticulously executed.
- It has to be organization wide covering all areas/departments without ignoring even a single department or service. Since all services are interlinked or inter dependent, poor quality of even one service may affect the quality of services in other department, e.g. poor quality of housekeeping services may affect the quality of services of in all other department of the hospital by unclean, unhygienic environment, spreading infections and displeasing the patients, visitors as well as staff. Similarly poor quality in central supply sterile department may adversely affect the result of treatment in all wards/department.
- It is continuous ongoing process involving implementation and repeated cycles of review and corrections.
- Staff at all levels has to be trained, involved and committed to quality management.
- There are no shortcuts. The programme cannot be implanted in an organization. it has to be planned, documented, and implemented by the organization with full knowledge, training, acceptance and participation of the staff.
- Since it involves a major change in the ways of working, attitudes, in fact the entire work culture in the organization, it is likely to cause a lot of resistance and resentment among staff. The change has to be brought about in a way that is acceptable to the people. Often it is advisable to bring in an expert outsider as a change agent who can help transform the organization with minimum level of disturbance.
- Hiring an outside consultant has other advantage also. In house administrator may not have adequate knowledge and skills to implement the programme successfully. Being an expert on the subject, a professional consultant can guide the process so as to complete it with all the speed and efficiency. Besides, the senior administrators in the hospital would be too busy in their day to day routine

to spare adequate time for the programme which may get delayed indefinitely.

- Board of management has a crucial role. Not only they have to be convinced and committed themselves, they have to influence the entire senior professional to extend their full cooperation and willing participation and share the responsibility for successful implementation of the programme.

3. THE BENEFITS OF ACCREDITATION

1. Provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes^{2, 14,25,35,39,51,52,56}.
2. Improves communication and collaboration internally and with external stakeholders^{8, 19,21,23,24,32,51,59}.
3. Strengthens interdisciplinary team effectiveness^{19, 44, and 50,53,54,55}.
4. Demonstrates credibility and a commitment to quality and accountability^{3, 4, 7, 16, 27,30,34,41,48,52,55}.
5. Decreases liability costs; identifies areas for additional funding for health care organizations and provides a platform for negotiating this funding^{6, 21,22,41,48}.
6. Mitigates the risk of adverse events^{12,22,30,34,36,39,41,46,51,52,54}.
7. Sustains improvements in quality and organizational performance^{12, 19,20,35,36}.
8. Supports the efficient and effective use of resources in health care services^{40, 60}.
9. Enables on-going self-analysis of performance in relation to standards^{7, 23, 24,41,43,45,46,55,59}.
10. Ensures an acceptable level of quality among health care providers^{39,41,43,51}.
11. Enhances the organization's understanding of the continuum of care³⁹.
12. Improves the organization's reputation among end-users and enhances their awareness and perception of quality care^{8, 19, 27,41,43,51} as well as their overall satisfaction level¹.
13. Promotes capacity-building, professional development, and organizational learning^{4,7,21,25,31,35,39,41,43,45,46,49,51,53,58}.
14. Codifies policies and procedures^{8, 16,47,54,58}.
15. Promotes the use of ethical frameworks⁶⁰.
16. Drives compliance with medication reconciliation¹³.
17. Decreases variances in practice among health care providers and decision-makers^{17,37}.
18. Provides health care organizations with a well-defined vision for sustainable quality improvement initiatives^{6, 48}.
19. Stimulates sustainable quality improvement efforts and continuously raises the bar with regard to quality

improvement initiatives, policies, and processes^{6,12,19,25,35,36,41,43,47,52,55}

20. Leads to the improvement of internal practices⁵⁰.
21. Increases health care organizations' compliance with quality and safety standards^{1, 48}.
22. Enhances the reliability of laboratory testing^{10, 11}.
23. Improves patients' health outcomes⁵⁷.
24. Provides a team-building opportunity for staff and improves their understanding of their coworkers' functions¹⁴.
25. Promotes an understanding of how each person's job contributes to the health care organization's mission and services¹⁴.
26. Contributes to increased job satisfaction among physicians, nurses, and other providers^{1, 38}.
27. Engenders a spill-over effect, whereby the accreditation of one service helps to improve the performance of other service areas⁴⁸.
28. Highlights practices that are working well^{6, 56}.
29. Promotes the sharing of policies, procedures, and best practices among health care organizations¹⁴.
30. Promotes a quality and safety culture²⁸.

4. AREAS OF ACCREDITATION REQUIRING FURTHER STUDY

1. Collecting data through accreditation; ensuring completeness and accuracy^{37, 46}.
2. Emphasizing uniformity and adherence to standards over an individual organization's performance and innovation³⁷.
3. Need for research that demonstrates a strong link between accreditation status and client outcomes^{5, 15,26,29,33}.
4. Achieving "soft" results – increased comprehensiveness is necessary^{37,41,42}.
5. Need for consistency in surveyors' approach.
6. Need to reduce the workload of the accreditation process.
7. Physician and patient involvement in quality improvement and health care accreditation^{9, 50}.
8. Other methods for assessing and ensuring quality (e.g., information technology and performance measures)^{30,37,42,51}.

5. CONCLUSION

In the current era of heightened fiscal responsibility, transparency, accountability, and escalating health care complexity and risk, accreditation contributes to ensuring that care meets the highest standards of health care decision-making and provision. Accreditation can serve as a risk mitigation strategy, and it can also measure performance; it provides key stakeholders with an unbiased, objective, and third-party review. It can constitute a management tool for diagnosing strengths and areas for improvement, as well as for facilitating the merger of health care organizations by stimulating the emergence of common organizational identity, culture, and practices⁵⁰.

Organizations that participate in accreditation confirm their commitment to quality improvement, risk mitigation, patient safety, improved efficiency, and accountability; it sends a powerful message to key decision-makers and the public. This performance measure contributes to the sustainability of the health care system.

The system must give adequate emphasis to all three aspect i.e. the structure, process and outcomes. However, it must be output oriented and process driven. The output in turn must justify the utilization of resources and must lead to the matching health benefit to the patient.

Quality management system must be patient-focused.it must pass the essential criteria such as availability, accessibility, affordability, timeliness and must be need based.

A mechanism must be inbuilt where there is continuous monitoring/ checking of the various process of health care delivery at every step so that the deficiencies/mistakes can be identified at the earliest so as to prevent them from passing on to the next stage. For e.g. a common mistake is- wrong labeling of samples. If checked continuously, the mistake can be rectified right before the sample is sent to the lab. However, if not checked at that stage, it can lead to wrong lab report, wrong treatment by the treating physician and unfavorable outcome which may even mean the loss of life.

Staff at all the levels in all departments must be fully trained and conversant with the protocols designed for every activity in their domain and must have the highest level of motivation and commitment to defect prevention so as to eliminate the mistake and wasteful expenditure of resources.

Accreditation organizations are uniquely positioned to provide a comprehensive look at the challenges and successes of health care organizations, and to identify themes and trends in the delivery of health care services¹⁸.

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