

## Impact of Accreditation on the Quality of Healthcare Services: A Systematic Review of the Literature



### Medical Science

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### ABSTRACT

*Accreditation is usually a voluntary program, sponsored by a non-governmental organization (NGO), in which trained external peer reviewers evaluate a healthcare organization's compliance and compare it with pre-established performance standards. The aim of this study was to study the existing guidelines and systematic review of various studies related to accreditation in healthcare so as to determine various pitfalls associated with implementation in the country in the light of observation made. Material and methods: A systematic review of various studies related to accreditation in healthcare was performed with certain inclusion and exclusion criteria. Conclusion: In accreditation, there should be commitment to quality improvement, patient safety, improved efficiency and the demonstration of accountability which is of urgent need for key decision-makers and the public in today's dynamic healthcare environment.*

### INTRODUCTION

Accreditation is an internationally recognized evaluation process used in many countries to assess the quality of health services provided. There are many countries in the world currently embarking on the development of organizations and programs that offer accreditation. It is a means of publicly recognizing that a healthcare organization has met national standards of quality [1]. While it is not possible to draw direct comparisons between countries, as processes of accreditation and the legislation surrounding it vary greatly, this article demonstrates that research and publications on accreditation highlight a number of common themes.

Accreditation is usually a voluntary program, sponsored by a non-governmental organization (NGO), in which trained external peer reviewers evaluate a healthcare organization's compliance and compare it with pre-established performance standards. Quality standards for hospitals and other medical facilities were first introduced in the United States in the "Minimum Standard for Hospitals" developed by the American College of Surgeons in 1917. After World War II, increased world trade in manufactured goods led to the creation of the International Standards Organization (ISO) in 1947. Accreditation formally started in the United States with the formation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1951. This model was exported to Canada and Australia in the 1960s and 1970s and reached Europe in the 1980s. Accreditation programs spread all over the world in the 1990s [ 2-4].

There are other forms of systems used worldwide to regulate, improve and market the services of healthcare providers and organizations, including Certification and Licensure. Certification involves formal recognition of compliance with set standards (e.g., ISO 9000 standards) validated by external evaluation by an authorized auditor. Licensure involves a process by which governmental authority grants permission, usually following inspection against minimal standards, to an individual practitioner or healthcare organization to operate in an occupation or profession.<sup>3</sup> Although the terms accreditation and certification

are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations [5].

Accreditation and standards-setting initially emerged in response to unacceptable variations in the quality of educational institutions [3]. These methods were eventually adopted in other sectors, notably health care. Today, accreditation is affirmed as a process designed to improve the quality, efficiency and effectiveness of a healthcare organization, including its structures, processes and outcomes. Simply put, accreditation is based on the premise that adherence to evidence-based standards will reliably produce higher quality health services, in a safer environment, than would be the case without them. The resultant decreased variation in administrative and clinical structures and processes, similar to the contribution of clinical practice guidelines, is thus a powerful mechanism to improve the quality of health care and ultimately healthcare outcomes[6-8].

### AIM AND OBJECTIVES

1. To study the existing guidelines and standards related to accreditation in healthcare
2. To develop the planning parameter in the light of observation made in various guidelines.

### MATERIALS AND METHODS

1. A systematic review of various studies related to accreditation in healthcare was performed.
2. Certain exclusion and inclusion criteria were framed to select the articles for the study. The standard data base for searching the articles were used.
3. Guidelines available on the subject and the search material were studied and analyzed.

### DISCUSSION:

Accreditation is perceived as a key component in strengthening quality improvement and enabling patient safety initiatives. For organizations and programs that participate in accreditation, they are confirming their commitment to quality improvement, patient safety, improved efficiency and the demonstration of accountability. This is a powerful

message to key decision-makers and the public in today's dynamic healthcare environment.

**POSITIVE IMPACT OF ACCREDITATION**

These benefits reflect the current expectations by healthcare organizations and systems, clients, and the public as a whole. They result from the impacts of an organization's self-assessment, which allows a close look at its strengths and areas for improvement and modification of its priorities; and the accreditation survey and reports, which provide recommendations from surveyors who represent their peer group and have significant experience in the healthcare field, as well as assisting organizations to focus on outcomes measurement to allow them to benchmark themselves with other healthcare organizations. The positive impacts of accreditation within the literature are noted as follows [9-12]

S.no.	Advantages
1.	Improves communication and collaboration, both internally as well as with external stakeholders and community partners *
2.	Strengthens interdisciplinary team effectiveness, contributing to better patient outcomes
3.	Demonstrates commitment to quality, accountability, as well as increased credibility of healthcare organization *
4.	Strengthens professional development, organizational learning and capacity building
5.	Provides an opportunity for additional funding and/or decreased liability costs
6.	Increases effective risk management and mitigation, including enhanced patient safety *
7.	Provides consistency and meaning associated with the objective peer review process and *

**CONCERNS REGARDING ACCREDITATION**

Achieving and maintaining accreditation status requires a significant investment of resources. For many organizations, there may be a question as to whether accreditation is worth the time, effort and cost, as well as whether or not it demonstrates a quantifiable improvement in healthcare delivery and outcomes .

Some of the common concerns identified include [9-12] :

S.no.	Problems
1.	Generally the process includes periodic, as opposed to continuous, assessment which leads to a more reactive than forward-looking focus and can be a factor in persistent quality deficiencies or critical adverse events
2.	Being typically reliant on data collected through organizations' self-assessment which has the potential to be incomplete or inaccurate
3.	Valuing uniformity and adherence to standards as opposed to individual organizations' performance and innovation *
4.	The accreditation process being stressful, time consuming, and require a serious investment of resources
5.	there are risks involved (i.e. risk of attaining non-accreditation status) and accreditation may be slow to adapt to changing concepts of quality and performance .
6.	Generally the process includes periodic, as opposed to continuous, assessment which leads to a more reactive than forward-looking focus and can be a factor in persistent quality deficiencies or critical adverse events *
7.	Being typically reliant on data collected through organizations' self-assessment which has the potential to be incomplete or inaccurate

**ACCREDITATION OF HEALTHCARE IN INDIA:**

Indian healthcare have come a long way from an era where the word „accreditation® seldom meant anything to pa-

tients and medical personnel alike. The Central Council of Health and Family Welfare in its 5th Conference held in January 1997 said that it was contemplating studying the healthcare accreditation system. Hence, the Government of India organised a national workshop with assistance of the WHO and the Medical Council of India in August 1999 to provide for a discussion among the service providers of nursing homes and hospitals for the purpose of presenting the minimum standards for registration of nursing homes and hospitals. The demand for Hospital accreditation in India was raised in the early 90s. In fact, the extension of the Consumer Protection Act to medical practitioners stimulated the demand for hospital accreditation. There are several bodies of accreditation globally but the most common ones present in India are JCI, National Accreditation Board for Hospitals and Healthcare Providers (NABH) and NABL [13].

These accrediting bodies are independent organisations that measure and rate the regulations, safety guidelines, and practices of medical facilities. JCI accredited hospitals in India are 16 in number of which 6 are from the Apollo group, 4 are from the Fortis Group and 3 are private eye care facilities. On home front, we have NABH, which is a constituent Board of Quality Council of India (QCI), and has set uniform standards for the hospitals throughout the country. It has reportedly adopted its standards and accreditation process in line with worldwide accreditation practices. The formal launch of accreditation was announced in February 2006. It is an institutional member of ISQua. Today, there are 50 hospitals all over India that are accredited by NABH. After NABH, came the National Accreditation Board for Testing and Calibration Laboratories (NABL). NABL is for the empanelment of hospitals and diagnostic centres by the Central Government Health Scheme, and it has now been made mandatory that all diagnostic labs must be certified by the NABL. Other organisations like the Indian Confederation for Health Care Accreditation (ICHA) have also starting the process of accreditation of health institutions [14, 15].

**RESEARCH GAP:**

There are mixed views and inconsistent findings regarding the impact of accreditation on client outcomes. Existing research lacks rigorous in-depth analysis of the accreditation process and the relationship between accreditation and performance, outcomes, quality improvement, and patient safety. While there is no conclusive evidence on the direct impact of accreditation on client outcomes, there is some indication that if accreditation strengthens interdisciplinary team effectiveness, communication, and enhanced use of indicators leading to evidence-based decision making, then accreditation contributes to improving health outcomes. The following articles make a convincing appeal for more research into a variety of areas: □ to determine the impact of accreditation on patient care and outcomes [1, 3, 4, 5, 9], □ to determine how best to research the validity, impact and value of accreditation processes in health care, to determine value for time and money and □ to determine the reliability of accreditation surveys to assess the quality of organizations. To this end, studies focusing on the impact of accreditation are being undertaken by researchers in Canada and worldwide. These studies address a broad spectrum of topics relevant to accreditation, such as examining the relationships between accreditation status and processes, the clinical performance and culture of healthcare organizations, the impact of accreditation on the quality of health care, the analysis of accreditation processes, and the relationships between accreditation and performance [15-17].

Accreditation organizations are uniquely positioned to provide a comprehensive look at the challenges and successes healthcare organizations experience, and to identify prevalent themes in the provision and delivery of healthcare services. Equally important, the data collected through accreditation can be leveraged as a valuable resource for healthcare providers, governments, and policy-makers, thus contributing to effective decision-making and ongoing quality improvement on a national basis. While a number of positive benefits regarding the value and impact of accreditation have been highlighted above, many of the articles published on the subject call for more research in this area. It is encouraging to see a number of Canadian and international researchers focusing in this area. Until empirical, evidence-based research on accreditation is complete, there will continue to be questions raised, regarding the value and impact of accreditation.

At present, only a few universities, medical and business schools offer programs, which focus on quality management. Hence, the Planning Commission constituted a Working Group on Clinical Establishments, Professional Services Regulation and Accreditation of Health Care Infrastructure for the Eleventh Five-Year Plan (2007-2012) under the Chairmanship of Secretary, Department of Health & Family Welfare, Government of India. Their report states: In the Indian context, it can be said that the rising demand for quality care, the limited healthcare investment by the government, the growing number of private players in healthcare and insurance sector, the opening-up of the health sector to global patients makes the search for quality an imminent reality

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