

HOSPITALS ACCREDITATION: HOW WELL WE UNDERSTAND THE PROCESS?

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Keywords: quality of health care, hospital accreditation, medical staff

Abstract: Although more than a decade passed since this first attempt for accreditation, the hospital accreditation mechanisms are still in development. Our study aimed at assessing the hospital staff knowledge and perception related to quality assurance and accreditation in a mono-profile hospital from Bucharest, prior to hospital accreditation. We developed a questionnaire with four sections filled out by nurses and resident physicians, anonymously. Data collected were analyzed using descriptive statistics techniques. Scores for knowledge on quality, accreditation and legislation, global score of knowledge and score of perception were calculated. Among the scores of knowledge, the quality score was the highest and the legislation score the lowest. Globally the score of knowledge was significantly lower than the score of perception. All the scores of knowledge were significantly higher in nurses compared to resident physicians. Our results support the need for training programmes concerning the accreditation for the hospital staff.

INTRODUCTION

The quality of health care is a multidimensional concept, including parameters related to the effectiveness, efficiency and safety of the medical service, as well as parameters related to patients' expectations.(1) Perceptions and expectations of the patients in relation to medical care have changed rapidly in the past decades, following the health technology progress, the access to information and the evolution of concepts related to ethics and patients' rights.(2) In the meantime, the training of the medical staff has targeted mostly the new medical approaches and technologies and the patient safety and, less the mechanisms for quality assurance. How to measure the quality of health care is a challenging question. Classically, this issue was conceptualized by A. Donabedian, establishing the structure – process – outcome framework.(3)

Following the developments in quality assurance, the accreditation of the health care settings has been developed as well.(4) Accreditation is usually a voluntary programme, performed by an external entity or expert, consisting in assessing the healthcare provider's compliance in comparison to pre-established performance standards.(5) Accreditation has been developed formally in the United States in 1951, by creating a specific responsible body - the Joint Commission on Accreditation of Healthcare Organizations – and has developed all over the world in the 1990s.(6) Accreditation is slightly different to certification (formal recognition of compliance with set standards - e.g. ISO 9001:2008 standards - validated through and external evaluation) and licensure (an approval for functioning, granted by a governmental authority, usually following inspection against minimal standards).(6) Studies analyzing the impact of accreditation on the quality of healthcare services showed very positive effects, proving that accreditation should be considered as a valid tool for quality improvement among the healthcare providers.(7) The concerns for quality assurance have become visible in Romania since the beginning of the health system reform. The first law for social insurance stipulated that compulsory criteria of quality should be fulfilled by the medical providers and the National Health

Insurance House and the Romanian College of Physicians are responsible to define that criteria and to control their fulfilment by the medical providers.(8) During the transformations of the health system reform, these stipulations have been developed and the responsibility for quality passed to the National Health Insurance House and the Ministry of Health, the professional organization remaining responsible of physicians' certification.(9) Similar, the accreditation was mentioned by the first hospitals law (since 1999), being under the responsibility of the National Commission for Hospitals Accreditation - a specific body with mix composition (4 governmental representatives and 3 non-governmental ones). Accreditation was seen at that time as a compulsory process, for all the hospitals (together with the licensure), aiming at guaranteeing their functioning at minimum quality criteria.(10) Although more than a decade passed since this first attempt for accreditation, the hospital accreditation mechanisms are still in development. The accreditation remained compulsory by law for the hospitals aiming to function within the social health insurance system and by very recent legislative changes, the National Commission for Hospitals Accreditation was transformed into the National Agency for Quality Management in Health – a central administration body.(11)

PURPOSE

Our study aimed at assessing the hospital staff knowledge and perception related to quality assurance and accreditation in a mono-profile hospital from Bucharest, prior to accreditation. The hospital is in preparation for accreditation and the management board planned to provide for employees a training programme focused on quality management and accreditation. The programme aims at increasing the focus of the health staff on quality in general and especially on patients' satisfaction, as well as to improve their understanding on the accreditation process.

MATERIALS AND METHODS

Our study is descriptive and involved the development of a questionnaire with four sections referring to general

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Article received on 04.04.2015 and accepted for publication on 28.05.2015
ACTA MEDICA TRANSILVANICA June 2015;20(2):22-23

knowledge related to quality and accreditation, knowledge on legislation on accreditation and to medical staff perception on the importance of quality of care, respectively. The questionnaire was filled out by nurses and resident physicians, anonymously. Data collected were analyzed using descriptive statistics techniques. We calculated: the score of knowledge on quality; the score of knowledge on accreditation; the score of knowledge on legislation; the score of staff perception on quality of medical care. The first three scores were calculated as proportion of the results obtained, from the maximum score for the respective section, being based on seven questions for quality and four questions for accreditation and legislation respectively, each with one correct answer. The score of staff perception was calculated as mean of scores allocated by the responders to four questions related to their perception on quality importance. Separately, a global score for knowledge was calculated as the arithmetic mean between the scores of quality, accreditation and legislation, considering an equal weight for each section.

RESULTS

102 subjects answered our questionnaire (78 nurses and 24 resident physicians). Among the three scores of knowledge, the quality score registered the highest value, reaching 74.1% (figure no. 1). All the scores were higher in nurses compared to resident physicians, minimum score difference being found for accreditation (5.5) and the maximum one for legislation (26.0). The difference in quality score reached 18.3 (figure no. 2).

Figure no. 1. The scores of knowledge for quality, accreditation and legislation

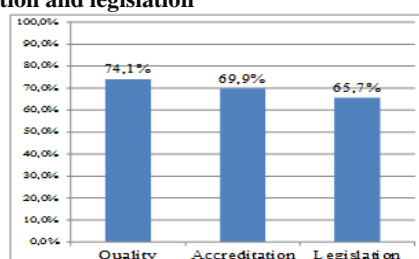
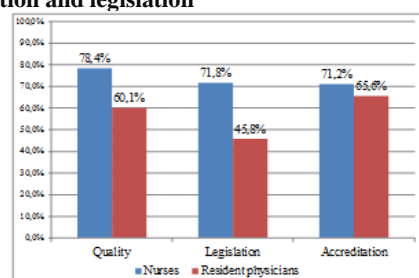


Figure no. 2. The scores of knowledge for quality, accreditation and legislation



The overall score of knowledge reached 69.9% (73.8 and 57.2 in nurses and resident physicians, respectively). The score of perception was significantly higher than the score of knowledge (96.5%), but with non-significant difference between nurses and resident physicians (97.2 vs. 94.0, $p=0.202$, χ^2 test).

DISCUSSIONS

Our study showed that medical staff perceives quality of health care as being very important for the patients and for the hospital. This perception on quality importance is not statistically different among nurses and resident physicians. When we come to knowledge, the average level is lower than

the perception level, thus proving the need for training on quality, accreditation and especially on legislation. Our results are consistent with other studies that proved that healthcare professionals (especially physicians) have to be educated on the potential benefits of accreditation.(12) In our study, higher scores of knowledge were obtained in nurses compared to resident physicians. This is probably due to the specific responsibilities of each category of staff (residents being especially connected to the medical training and nurses to the operational issues from the medical unit) as well as to the length of their professional experience. Following this result, more attention seems to be paid for residents' training. Despite the fact they have a non-permanent agreement with the hospital, the quality training will probably influence their long-term medical practice. Further research should be performed among senior physicians, as well.

CONCLUSIONS

Our analysis proves the need for training programmes concerning quality assurance and accreditation for the hospital staff, if possible prior to start the accreditation process.

Acknowledgement:

This paper is partly supported by the Sectoral Operational Programme Human Resources Development (SOPHRD), financed by the European Social Fund and the Romanian Government under the contract number POSDRU 141531”.

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