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HOSPITAL AND HEALTHCARE ACCREDITATION

(As Per the Guidelines of NABH, NABL, JCI)



Brajkishore Rajoriya

Foreword
Deepak Singla

JAYPEE

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CHAPTER 2

A Guideline for Quality Accreditation in Hospitals and Healthcare Organizations

HIGH QUALITY CARE BY ACCREDITED HOSPITALS

Leaders and/or Head of Departments (HODs) of quality assurance programs must be able enough to generate active interest and commitment without burdening and forcing clinical and administrative staff with such an activity they neither understand nor believe it.

Hospital accreditation has been defined as "a self-assessment and external peer assessment process used by healthcare organizations (HCOs) to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve". Hospital quality assurance systems are operational control systems intended to fulfill specific expectations for treating patients.

Clinicians have customarily enjoyed a great deal of autonomy in their practices. The mechanisms for monitoring and assuring quality of the care provided have tended to be based on internal peer review. Time, however, has torn away much of the curtain of professional mystique. The changing healthcare environment with revised hospital accreditation guidelines have sharpened the clinical and administrative hospital staff's concern for evaluating the quality of care they provide. Clinicians now see accreditation standards as a framework by which organizational processes will be improved and their patients will receive better care. Physicians and administrators now must face the challenge of establishing comprehensive and vigorous systems of quality assurance, and learn to avoid the traps that impede implementation of such systems.

A comprehensive definition of quality health care would be, "the optimal achievable result for each patient, the avoidance of physician-induced (iatrogenic) complications, and attention to patient and family needs in a manner that is both cost-effective and reasonably documented."

IMPORTANCE OF ACCREDITATION IN HOSPITALS AND HEALTHCARE ORGANIZATIONS

Accredited hospitals offer higher quality of care to their patients. Accreditation also provides a competitive advantage in the healthcare industry and strengthens community confidence in the quality and safety of care, treatment and services. Overall it improves risk management and risk reduction, and helps organize and strengthen patient safety efforts and creates a culture of patient safety. Not only does it enhance recruitment, and staff education and development, but also assesses all aspects of management and provides education on good practices to improve business operations. International accreditation such as that from the Joint Commission International (JCI), a non-profit organization

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that is part of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO or the joint commission founded in the late 1990s to survey hospitals outside of the United States (US), creates a mark on the world map and increases business through medical tourism.

FEW QUALITY ACCREDITATION PROGRAMS FOR HOSPITALS AND HEALTHCARE ORGANIZATIONS

Healthcare accreditation standards are developed by a committee of experts representing diverse interests in the healthcare community—providers, HCOs, insurers and the public interest. When new standards are developed, experts from that particular area of healthcare delivery participate on the committee. Generally, standards are updated in every 3 years. Occasionally changes in the healthcare environment necessitate making a change in the interim. Those organizations, following previous edition standards have to comply with new edition standards within given timeframe by the accreditation body.

There are several quality standards, however, there are few to which hospitals are commonly accredited. There is accreditation by the JCI, and accreditation to the standard from the National Accreditation Board for Hospitals and Healthcare Providers (NABH)—part of the Quality Council of India. There is also compliance to the Baldrige Criteria for Performance Excellence and registration to ISO 9001—'quality management systems—requirements,' from the International Organization for Standardization (ISO). Also, there is more departmental-specific accreditation such as from the National Accreditation Board for Testing and Calibration Laboratories (NABL). Six Sigma accreditation in health care has also paved its way by providing first Six Sigma accreditation to Sir Ganga Ram Hospital, New Delhi.

Difference Between the Accreditation Standards

The ISO 9001 standard is more process driven and is better for back-end departments, such as accounting, human resources, etc. during which NABH and JCI are clinically-oriented standards that directly affect patient care.

Accreditation Standards (NABH and JCI)

- Patient-centered standards—functions related to providing patient care
- Access to care and continuity of care—access, assessment and continuity of care
- Patient and family rights—patient rights and education
- Patient and family education
- Assessment of patients—management of medication
- Care of patients.

Healthcare Organization and Management Standards

Functions related to providing a safe, effective and well-managed organization:

- Quality improvement and patient safety—continuous quality improvement
- Prevention and control of infection—hospital infection control
- Governance, leadership and direction—responsibilities of management
- Facility management and safety
- Staff qualifications and education—human resource management
- Management of information—information management system.

ACCREDITATION PROCESS

Begin with Accreditation Process by Education

Educate the leaders and managers, and explain the benefits, advantages, process, timeline, etc. of the accreditation.

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Baseline Assessment

Use knowledgeable and credible evaluators (either internal or external consultants), who will critically and objectively assess each area and conduct a detailed baseline assessment of the organization's current adherence to the standards and each measurable element. Score as 'met,' 'partially met,' or 'not met' and cite specific findings and recommendations. Also collect and analyze baseline quality data as required by the quality monitoring standards (e.g. medication errors, hospital-associated infection rates, antibiotic usage, surgical complications, etc.). Establish an ongoing monitoring system for data collection (e.g. monthly, with quarterly data analysis) to identify problem areas and track progress in improvement.

Action Planning

Using the findings of the baseline assessment, develop a detailed project plan starting first with priority areas of the core standards. Responsibilities, deliverables and time frames should be assigned (e.g. revise informed consent policy, develop a new informed consent statement, educate staff in the next 2 months time period).

Chapter Assignment

Look for good people skills, time management skills and consensus-building skills, and assign oversight of each chapter of standards to a respected champion or leader, who will identify team members from throughout the hospital and carry out the process.

Policies and Procedures

In addition to an overall project plan, it is often helpful to compile a list of all required policies and procedures that will need development and revision. Continue to monitor your progress in meeting the standards, such as through a mini-evaluation of each chapter at regular intervals (e.g. quarterly).

Final Mock Survey

Plan for a final 'mock survey' at least 4–6 months in advance of the target date of the actual accreditation survey. Use evaluators (internal or external consultants) who were not involved in the baseline assessment and preparation, who will look at the organization with a fresh and objective eye. Plan final revisions and corrections based on the findings of the final mock survey.

Final Survey

The success of any quality assurance program depends almost entirely on the commitment and interest of the administrators, nurses, paramedical staffs and physicians. Leaders of quality assurance programs must be able to generate interest and commitment, without burdening clinical and administrative staff with an activity they neither understand nor believe in. This will help move quality assurance out of its current paralysis in some hospitals. Quality assurance is to succeed in its goal to identify and correct problems, and to improve the quality of patient care.

ACCREDITATION

Accreditation is a process in which certification of competency, authority or credibility is presented. Organizations that issue credentials or certify third parties against official standards are themselves formally accredited by accreditation bodies such as International Society for Quality in Healthcare (ISQua); hence they are sometimes known as 'accredited certification bodies'. The accreditation process ensures that their certification practices are acceptable, typically meaning that they are competent to test and certify third parties, behave ethically and employ suitable quality assurance.

It is argued that accreditation is one of the influential mechanisms for assessing the performance of HCOs and improving the quality and safety of healthcare services.

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Accreditation has been defined as an external evaluation mechanism, which assesses the performance of HCOs through investigating their compliance with a series of predefined, explicitly written standards. Its aim is to encourage continuous improvement of quality rather than simply maintaining minimal levels of performance. There are other forms of systems used worldwide to regulate, improve and market the services of healthcare providers and organizations, including certification and licensure. 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.

Types of Accreditation

Broadly speaking, there exist two types of hospital accreditation:

1. Hospital and healthcare accreditation, which takes place within the national borders.
2. International healthcare accreditation.

Hospital Accreditation

Hospital accreditation has been defined as 'a self-assessment and external peer assessment process used by HCOs to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve'. Critically, accreditation is not just about standard setting—there are analytical, counseling and self-improvement dimensions to the process. There are parallel issues around evidence-based medicine, quality assurance and medical ethics, and the reduction of medical error is a key role of the accreditation process. Hospital accreditation is therefore one component in the maintenance of patient safety. However, there is limited and contested evidence supporting the effectiveness of accreditation programs.

International Healthcare Accreditation

Due to the near-universal desire for quality health care, there is a growing interest in international healthcare accreditation. Providing health care, especially of an adequate standard, is a complex and challenging process. Health care is a vital and emotive issue; its importance pervades all aspects of societies, and it has medical, dental, social, political, ethical, business and financial ramifications.

In any part of the world healthcare services can be provided either by the public sector or by the private sector, or by a combination of both, and the site of delivery of healthcare can be located in hospitals or be accessed through practitioners working in the community, such as general medical practitioners and dentists.

Benefits of Accreditation

Professional Benefits

Hospitals seek accreditation because it:

- Helps organize and strengthen patient safety efforts
- Strengthens community confidence in the quality and safety of care, treatment and services
- Provides a competitive edge in marketplace
- Improves the risk management and risk reduction
- May reduce liability insurance costs
- Provides education on good practices to improve business operations
- Provides professional advice and counsel, enhancing staff education
- Provides a customized, intensive review
- Enhances staff recruitment and development
- Provides deeming authority for medicare certification
- Recognized by insurers and other third parties

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- Provides a framework for organizational structure and management
- May fulfill the regulatory requirements in selected states.

Financial Benefits

Many physicians and hospital administrators work in an environment, where an emphasis on short-term financial gain makes it difficult to invest in an infrastructure that improves compliance with best practices. By awarding financial bonuses to physicians and administrators, who meet quality targets (or withholding bonuses from those who do not), financial compensation can help determine future success.

The overarching goal of the incentive program is to help people understand that their organization is serious about implementing quality changes and minimizing unwanted variation.

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Salient Features

- The book is intended as a resource for those who have an interest in understanding an important set of forces that shape the quality of health care
- Includes quality parameters for various departments/procedures/activities, quality indicators, flow charts for various processes, checklists for assessment of quality in healthcare organizations
- Provides guidance to organizations as they take steps to bring their internal and external constituencies to an active involvement in quality improvement
- Gives the power to do the internal audit of your organization against any healthcare accreditation body such as the National Accreditation Board for Hospitals and Healthcare Providers (NABH), National Accreditation Board for Testing and Calibration Laboratories (NABL), Joint Commission International (JCI), etc.
- Makes the easy-to-get quality accreditation/certification in health care from any accreditation body.



Brajkishore Rajoriya is a qualified and experienced hospital management professional. He is actively involved in JCI and NABH Accreditation Process. He believes in taking challenges and has excellent leadership-cum-management and training skills. His ability to remain focused not only helps him to manage major macro-level management issues in the workplace but also to sheer his team and colleagues towards their goal achievements. Being a green belt in Six Sigma Quality Management tool, he has expertise in raising the quality of services rendered by organizations implementing quality control tools in hospital. He takes absolute control of various administrative systems and processes to chalk-out reforms. He started his career from Artemis Health Sciences, Gurgaon (JCI & NABH Accredited). He has also working experience in Six Sigma Star Healthcare Pvt Ltd, in the capacity of: Professor, Global Institute of Healthcare Management; Member (Editorial Team), Six Sigma Health Express (Magazine) and Board Member, Six Sigma Accreditation Board (SSAB). Presently, he is working as Principal Consultant, Six Sigma Star Healthcare Pvt Ltd, New Delhi, India. His biggest achievement is JCI Accreditation of Maharaja Agrasen Hospital, New Delhi. He was Speaker at 6th Hoscon Asia Event India; Asia Hospital Construction Summit (2015)—India Station, organized by Spire Coris from Singapore and Speaker at ACE Platform (2016) organized by Indraprastha Apollo Hospital, New Delhi. He is the Editor of Biomedical Waste Management and Hospital Support Services, Mahatma Gandhi University, Meghalaya, India

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