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Accreditation of Healthcare Organizations



Arif Raza

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Chapter 4

Preparing for Accreditation

Accreditation is a status which almost all healthcare organizations (HCOs) would like to achieve for one or the other reasons. However, it requires substantial resources, proper planning and dedicated efforts on part of the organization to attain the same. Preparing for accreditation is like a journey with milestones to achieve and unless the path and approach chosen is correct, reaching the milestones can become very difficult. This chapter discusses the basic preparation required to work for getting accreditation.

TAKING A DECISION

The first and most careful step to be taken towards accreditation preparation is to take a firm decision to go for it. Since the time, money and efforts involved in accreditation preparation can be substantially high for many HCOs, the decision of going for accreditation should be taken cautiously. Often HCO arbitrarily decides for preparing for accreditation and later realize the true difficulty in completing the process and as a result, their accreditation journey remains half-way. As organizations fails to get accredited which causes lack in motivation, smaller developments they made towards its preparation also starts receding and efforts and resources spent for those development gets wasted. There are hundreds of HCOs in the country who has applied for accreditation years back but have not been able to complete, as they are stuck at some level in the process. Common reasons for not successfully completing the accreditation process are:

- **Constraint of financial resources:** Preparation for accreditation costs money as discussed in **Chapter 3 under Cost of Accreditation** heading. At times HCO has not estimated financial implications of accreditation and later find it difficult to allocate sufficient finance for this cause. As a result work of accreditation slows or halts.
- **Infrastructural problems:** Although accreditation is majorly a process oriented exercise, there are several infrastructural requirements that are crucial for quality and safety. For a well-planned hospitals or in new hospital projects infrastructural requirements can

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be taken care of, but hospitals which are old or have been converted from other establishment, meeting infrastructural requirements may not be feasible economically. Thus any major infrastructural lapse in the facility may render entire accreditation exercise futile.

- **Unavailability of sufficient expertise:** An average to high level of expertise is required in the field of quality management and clinical processes for accreditation preparation. Sometimes HCO initiates the preparation process without gaining sufficient expertise which may result in mistakes. It is possible that core team may not have understood the requirements and intents correctly or optimally because of which they do not succeed in external assessments.
- **Lack of time:** A hospital is a busy place and taking out time for an additional activity such as accreditation may be very difficult for staff. As a result accreditation preparation activities progress at a very slow pace.
- **Lack of motivation:** This is the offshoot of other reasons described above. Initially HCO may have started with full enthusiasm but as the time passes maintaining the same motivation level becomes difficult, especially when there are issues which does not seem to have any feasible solution. Also at time HCO may not feel the accreditation equally important as they have felt at the start. Lack of motivation leads to low efforts and low priority to accreditation activity ultimately failing the process.

An HCO should be aware of reasons of failure and prevent themselves from getting affected by one of them. A firm decision for preparing for accreditation which is based upon a fairly good idea of resource and effort requirement can help HCO overcoming most of the road blocks mentioned above. **Box 4.1** suggests questions that should be answered in order to decide about accreditation.

Box 4.1: Questions to be answered to decide about accreditation

1. Is your HCO eligible for accreditation? Although not a major concern it is always better to check eligibility requirements from the accreditation agencies website or by contacting them. There could be some eligibility requirements related to size, duration of operation, services provided, etc.
2. Why do you need accreditation? How important is it for your organization? Clarity of purpose is essential to create and maintain motivation throughout the accreditation process. Although primary reason for accreditation is quality, HCO may think of their own benefit of being accredited.
3. Is it technically feasible for your organization? This is an important question and one may not have a complete or accurate answer to this, but having an idea is important. Technical feasibility requires that HCO has a fair idea about what is required to get accredited and are there any requirements which is not practically possible for HCO to meet. For example, any major infrastructural requirement or specific manpower requirement, etc. which is extremely difficult for HCO to fulfil. It is a good idea to get a baseline gap assessment

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study of the HCO with respect to accreditation requirements to list out major gaps that needs to be addressed. This can then be analyzed and discussed to decide its feasibility.

4. Is it financially feasible for your organization? This question requires that HCO should have a fair idea of financial requirements of the accreditation. Financial requirements mostly emanates from technical requirements and hence baseline gap assessment study should help in determining financial feasibility also. If required, HCO should take help of external experts or consultants in getting baseline gap assessment done to determine feasibilities.
5. Does the organization have required expertise? This is the last but important question to be answered before deciding about accreditation. If expertise is not available in-house it can be obtained through external consultants but this involves money and availability of relevant consultants. Thus availability of expertise or ability to obtain expertise is one of the decision making factor.

BASELINE GAP ASSESSMENT

One of the initial steps in accreditation preparation is to do a comprehensive baseline gap assessment of the HCO in comparison to accreditation requirements. As mentioned in above Box, the result from this study helps in determining technical and financial feasibility of accreditation preparation. Besides, the assessment also lays foundation for accreditation preparation as serves with useful information to plan out entire preparation exercise. In order to get a good idea about the present status and preparation required for accreditation, the baseline gap assessment should be focussed upon those aspects that consumes more time, money and efforts for addressing. Following sub-sections provide an understanding on how to conduct a useful baseline gap assessment.

Team

Accreditation preparation is a team work and it starts right from the baseline gap assessment. Since the exercise involves assessing different disciplines of the HCO, a relevant working team should be formed for this. The team should consist at least one person who has significant knowledge and understanding of accreditation requirements. He/she should be supported by members who are knowledgeable in field of civil engineering, legal requirements, human resources, biomedical equipment and clinical care. List of standards and objective elements can be used as a checklist to conduct the assessment. If required help of an external consultant should be taken to get the gap assessment done.

Physical Facility Gap Assessment

One of the important aspect to be assessed is the physical facility including all its engineering installation. Since they are difficult to modify and cost intensive assessment should carefully identify if there is any deficiency with respect to accreditation requirements. One

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should note that accreditation requirements may not be providing any specification related to physical facility, but could be interpreted based upon the process related requirements. **Box 4.2** mentions few important physical facility points that should be checked during the assessment.

Human Resources Gap Assessment

Fulfilling human resources (HR) requirements are also cost intensive and time consuming. Hence, the assessment should at the first place identify gaps related to HR requirement. Similar to physical facility accreditation standards may not give specifications of HR or numbers required but will indicate about it. The team should refer other guidelines and work out specific HR needed to fulfil accreditation requirements. **Box 4.2** provides few important HR related points that should be checked during the assessment.

Regulatory Requirements Gap Assessment

Obtaining legal clearances, licenses, permits can be a time consuming task and at times be extremely difficult. Through baseline gap assessment the team should assess if the HCO meets all regulatory requirements and possess necessary documents for the same. **Box 11.2** provides a list of laws and regulations applicable to HCO, which can be referred while doing the assessment.

Biomedical Equipment Gap Assessment

This is another area which is cost intensive and hence should be included in the assessment. **Box 4.2** provides few important biomedical equipment related points that should be checked during the assessment.

Box 4.2: Baseline gap assessment checklist

A. Physical facility gap assessment

1. Check the general condition of the building across the facility. Identify if there are areas with visible danger of collapse. Identify areas that have high seepage, cracks in walls, etc. These are the areas where repair, retrofitting or re-construction may be required.
2. Check electrical installations. Are they secured and safe. Is there any major work required to be undertaken to comply with regulatory requirement and safety.
3. Identify if all areas accommodating patients and staff have a way to easily and quickly exit in case of emergency situation like fire.
4. Check if all operation theatres are having central air-conditioning which is essential to maintain required air quality.
5. Check if the radiation areas are planned and constructed in accordance to AERB guidelines.
6. Check if there is minimum inter-bed distances maintained in wards and ICU are maintained.
7. Check if there is facility for disable people to access and use various areas of the HCO. These include, disable friendly toilets, ramps at required location, railings, guiding lines etc.
8. Check if there is proper place and space for support services like kitchen, laundry, CSSD, manifold, etc.

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9. Check if there is a requirement for building incinerator for waste disposal and sewage treatment plant.
10. Check if the terrace and basement of the building is safe. For example railings on terrace, evacuation route from basement, etc.
11. Check if there is appropriate arrangement for vertical transport. If it is by ramp, is it of sufficient width and gradient. If it is by lift is the numbers sufficient and can it accommodate patient's bed?
12. Check if the critical areas like ICU and OT is designed to control infection. For example zoning, air-movement, etc.
13. Check if the emergency department is located appropriately and have separate access route.

B. Human resources gap assessment

1. Work out number of nurses required in the hospital on the basis of prescribed ratio given by Indian Nursing Council. Check the actual available.
2. Check if sufficient number of technicians are available in various areas of the hospital.
3. Check if sufficient numbers of housekeeping staff, security staff, maintenance staff etc. are available.
4. Check if sufficient number of doctors are available to provide round the clock care.
5. Check if specific HR required such as infection control nurses, radiation safety officer etc. are available in the HCO.
6. Check if all staff meets the required qualification requirements. This should specifically be checked with respect to doctors, nurses and technicians.
7. Check if HCO has sufficient managerial and administrative staff to handle accreditation and quality related work.

C. Biomedical equipment gap assessment

1. Check if the required biomedical equipment is available in sufficient quantities to provide the clinical services offered by the organization. These should be checked specifically in ICU, OT, laboratory and imaging areas.
2. Check if the equipment are in good working conditions and safe.
3. Check if resuscitation equipment like defibrillator is available in sufficient quantity to be accessible at all patient care areas.
4. Check if there is adequate coverage of ambulance services.

Baseline Gap Assessment Report

The assessment finding should be documented as a report which should list out gaps in physical facility, legal requirements, HR and biomedical equipment. Each area of the HCO should be assessed and gaps of each area should be separately documented in the report. Additionally, the gaps can be highlighted as critical, semi-critical and non-critical from accreditation point of view. This report can then become a checklist of major things to be done for accreditation preparation.

ASSIGNING RESPONSIBILITIES

Once a baseline gap assessment is done and a decision to go for accreditation preparation is taken, it is time to assign responsibility for this work. While it requires every body's involvement in accreditation, somebody who is responsible for driving the effort is an essential thing to do. Also, considering the amount and level of work involved in

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accreditation, the responsibility should be taken by some one senior in the organization who has necessary authority.

Designating Accreditation Coordinator

Accreditation coordinator is overall responsible for planning and preparation of accreditation requirement across the organization. A senior person from the organization with requisite knowledge of accreditation and quality should be designated as accreditation coordinator. He/she is also responsible for communicating with accreditation agency and handling external assessments.

Core Team

Depending upon the size of the hospital and baseline assessment a team of working executives should be formed to work towards accreditation. Refer **Chapter 15** for more details on team

Quality Committee

This committee should be formed to play the advisory and monitoring role towards accreditation preparation. Refer **Chapter 15** for more details on committee

Department Coordinator

For each department one staff can be designated as coordinator or facilitator to undertake accreditation related activities in their department.

ACCREDITATION TRAINING

Before the preparation of accreditation work started the core team should assess their need of obtaining necessary training with respect to accreditation. There are several training program conducted by accreditation agencies which can be attended by core team including accreditation coordinator. If possible, HCO may invite an expert to conduct an in-house training workshop on accreditation, which can be attended by larger number of staff, including department coordinators.
If there is an in-house availability of a person who has expertise in accreditation he/she can be involved in core team or in training or as an advisor.

PLANNING AND TIMEFRAME

Baseline gap assessment identifies major time consuming work required to be done. In addition a process gap assessment should be done at initial stage of preparation to identify the processes and systems that

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needs to be developed or modified. This should be done thoroughly as it will lead to formation of plan of preparation. The process gap assessment can be done by core team in consultation with department coordinators. The accreditation standards and objective elements should be used as a checklist.

Based upon process gap assessment a plan with timeframe should be developed by the core team. The plan should list out the preparatory activities required and start and end time for the same. The plan should be carefully developed to be comprehensive and realistic. If required the plan should be shared with quality committee to seek multiple inputs.

A sample plan of accreditation preparation is given in **Annexure 4.1.** The plan should be used as a tool to check if required progress is being made within time line for accreditation. The development in preparation should be reviewed periodically to match it with plan and wherever required appropriate steps should be taken. Plan can be modified if required with justifiable reasons.

PREPARATION APPROACHES

There are two basic approaches to carry out the activities in the accreditation preparation plan: Centralized and de-centralized approach. They are discussed in below subsections.

Centralized Approach

Primary responsibility of undertaking and completing activities in plan is with core team and is done centrally, while department coordinator and other staff are minimally involved. The policy, process, documentation and specific details related to an activity are majorly done by the core team for all departments with the help of inputs and information collected from departments. This approach better ensures compliance to plan and its timelines and also provides uniformity in systems and processes across the HCO. However, since the involvement of department staff and coordinators are minimal, and also sometimes the centrally developed policy may not be conducive to practical requirements in department, implementation can become difficult.

Decentralized Approach

In this responsibility of undertaking and completing specific tasks are given to departments with core team only playing the role of support and coordination. The approach builds better involvement of all staff and practically useful systems and processes can be created. The disadvantage, however, is difficulty in maintaining uniformity and sticking to timelines.

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While both approaches have its own advantage and disadvantage, an HCO can decide upon a mix of both. Activities that require high level of uniformity and critical to accreditation can be handled centrally, while activities that are technical-operational can be decentralized. For example, documentation can be done centrally after collecting relevant information from departments, while responsibility for things like meeting regulatory requirements can be given to department primarily.

PHASING OF ACCREDITATION PREPARATION

While achieving accreditation is the final milestone of preparation, some milestones can be created in between the journey to get a sense of progress and achievement. This can be done by phasing out the preparation plan with each phase representing a milestone to be achieved. **Annexure 4.1** provides an example of phasing of accreditation preparation plan in 4 phases with other activities mentioned separately. These phases are briefly explained in below sub-section.

Documentation

In this phase major focus of accreditation preparation is on creating relevant documents. Documentation prepares the systems and processes to be implemented in the HCO to meet accreditation requirements. Refer Chapter 16 for documentation requirements for accreditation.

Training

Training phase is directed towards implementing the documented systems and procedures across the organization. A training plan that contains list of trainings, names of trainers, trainees and evaluation of training should be developed. Although documentation and trainings are continuous activity, a completion of stage should be defined.

Internal Audits

This phase is directed to check whether or not the documented systems have been effectively implemented. Each department should be audited based upon a relevant checklist. The exercise may be repeated if required. This is an important phase as its successful completion enable HCO to go for administrative process of accreditation.

Accreditation Phase

In this phase activities related to external assessments and addressing the non-conformities are majorly handled. This is a final phase as after its successful completion accreditation is granted to the HCO.

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Other Activities

A range of other activities should be done parallel to the phases described above. These activities are determined out of baseline gap assessment and process gap assessment and are not included in any of the phases above.

KEY TO SUCCESSFUL PREPARATION

Success of accreditation preparation is majorly determined by whether or not the HCO gets accredited. Some key points that helps in making the preparatory activities a success are given below.

- **Dedicated and motivated core team:** Core team plays the major and important role in accreditation preparation and hence having a dedicated team for this purpose is key to success. Motivation of the team is equally important. While working towards a tangible result in itself is a motivation, appreciation and recognition of their work benefits a lot.
- **Involvement of staff:** Implementation of accreditation requirements is the ultimate check, which cannot happen without sufficient involvement of most of the staff. Closer connect with staff on the job and with their incharges and supervisor is essential in implementation.
- **Continuity of effort:** Most of the time HCO starts with full force but gradually the level of effort declines. Sustaining the effort till the end is what can result in success.
- **Expertise:** Correct understanding of accreditation requirements and how to address them is another key to successful preparation. Thus having an expert of the subject in core team or an advisor makes it more likely to result in success
- **Management support:** Keeping accreditation as a priority and having necessary cooperation from management is essential in preparing.

SUGGESTED READING

1. 2013 Accreditation guide for hospitals, by Joint Commission.
2. O'Connor PT, Wolf AM. Preparation for hospital accreditation: an efficient and practical approach; Australia Clinical Review. 1993;13(4):157-63.

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ANNEXURE 4.1: Sample plan with timeline for accreditation preparation

Stages and activities		WEEKS																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	24	28	32	36	40	44	48	52
Phase 1: Documentation																													
1.1	Planning and organization of documents																												
1.2	Listing of documents required																												
1.3	Drafting documents																												
1.4	Review and approval																												
1.5	Issuance and distribution																												
Phase 2: Trainings																													
2.1	Training need assessment and training plan																												

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Stages and activities		WEEKS																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	24	28	32	36	40	44	48	52
2.2	Identification and training of trainers																												
2.3	Conduction of department wise trainings																												
2.4	Conduction of trainings on special topics																												
2.5	Training evaluation and re-training plans																												
Phase 3: Internal audits																													
3.1	Selection and training of internal auditors																												
3.2	Internal audit schedule																												

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Stages and activities		WEEKS																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	24	28	32	36	40	44	48	52
3.3	Conduction of internal audits																												
3.4	Taking corrective actions on audit findings																												
3.5	Re-audit plan																												
Phase 4: Accreditation process																													
4.1	Comprehensive self-assessment																												
4.2	Submission of application																												
4.3	Pre-assessment																												
4.4	Closure of gaps in pre-assessment																												
4.5	Final assessment																												

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Stages and activities		WEEKS																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	24	28	32	36	40	44	48	52
4.6	Closure of gaps in final assessment																												
4.7	Achievement of accreditation																												
Other activities																													
5.1	Fulfilling baseline assessment gaps																												
5.2	Implementing new systems																												
5.3	Implementing changes in existing systems																												

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Accreditation of Healthcare Organizations

Salient Features

- Serves as a complete guide for preparing a hospital for accreditation
- All accreditation requirements have been detailed and explained in easy-to-understand manner. Relevant examples and samples have been provided for various accreditation requirements, making it easy for readers to comprehend
- Provides macro and micro aspects of accreditation preparation, thus helping managers at all levels who may be differently involved in accreditation preparation
- The technical details have been sourced from authentic sources, and thus can be relied upon
- Practical difficulties in implementing various requirements and how to overcome the same has been given due importance in the book
- The examples, specific points, samples and checklists are carefully given in the book and most of it can easily be used in hospital organization with minimal tailoring
- It has a high practical applicability which will help hospital managers to prevent common mistakes in accreditation preparation and adopt the best approach for getting accredited successfully.

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