



# Accreditation a Bless or a Curse

## Personal Perspective / Experience / Opinion

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### Literature

#### Background

Patients safety is a treatment's target, and should be approached differently according to context. There are several standardization systems worldwide. In our hospital we are being audited by the American Joint Commotion International (JCI). The cost of the preliminary preparations and maintenance is very high, and is sometimes on the expense of other necessities. We are expected to learn the standards by heart. There is no space for personal input.

#### Objectives

1. To identify opinions of the multidisciplinary team world-wide on Accreditation
2. To find out if it is only me that opposes the process

#### Methods

Members of the multidisciplinary team (Doctors, Nurses, Managers) in the hospital, in other hospitals and from Europe, were asked an open question: What do you think about Standardization and external audit?

#### Results

- Everybody agrees that an audit is a must. The question is what kind of audit and under which conditions
- They feel they are playing a part in a show. There is only one correct answer to each question which should be learned by heart
- During the preparations, they are being transformed from individuals to automats
- During the audit, the hospital becomes a sterile area that does not represent the normal daily activities
- The day after the audit, everything goes back to the old normal behaviors where creativity and thinking outside the box wins

#### Discussion / Queries

- Are patients really interested in an International Accreditation or in the Reputation of the Physician/ward?
- Do Health Insurance companies send their insured to an Accredited hospitals, or to the ones with whom they have the best financial agreement?
- How productive is this learning process of memorizing standards in a short amount of time?
- During accreditation week there is ~75% occupancy and double staff than needed – is this Accrediting a reality?

#### Accreditation Advantages

##### Joint Commission International (JCI)

- Ensure a safe environment that reduces risk for care recipients and caregivers
- Offer quantifiable benchmarks for quality and patient safety
- Provide accredited hospitals with public recognition of their achievements and commitment to excellence
- Stimulate and demonstrate continuous, sustained improvement through a reliable process
- Improve outcomes and patient satisfaction
- Enhance efficiency
- Reduce costs through standardized care

#### Accreditation and Patient Satisfaction (36,777 Patients, 73 Hospitals)

- No significant differences with regard to variables such as length of stay, gender, age or the proportion of foreign patients and with regard to hospital characteristics
- Patients do not find any difference Between Accredited and non Accredited hospitals
- Different Accreditation systems have the same results
- Accreditation is compliance with standards and not results
- The process of Accreditation requires resources and time, that are not easily measured
- The financial status of Non Accredited Hospital is much better – patient satisfaction is the same

**Conclusion:** the principles of evidence-based medicine and decision-making should be used before Accreditations systems are implemented

C. SACK. Et. Al. International Journal for Quality in Health Care vol. 23 no. 3 (2011)

#### Accreditation and professionals' Satisfaction (17 Studies)

- Hospital managers are not sure that the cost of the Accreditation is worth the results.
- Doctors felt accountable within a professional framework to themselves, to the patients and their families, to their peers and to their profession; but not to accreditation bodies
- Nurses' overall perceptions of care at the accredited hospitals increased significantly
- Patients did not feel any difference

Abdulla Alkhenizan et al. J Family Community Med.. 2012 May-Aug; 19(2): 74–80.

#### Hospital accreditation: the challenges of measuring complex intervention effects (20 Studies)

- The proven role of accreditation in improving patient outcome and organizational outcome remains largely undefined
- Accreditation is a thriving industry, and there are many interested stakeholders who may profit on promoting these services
- Since hospitals are expending resources on accreditation, they may not be able to address other more pressing patient safety issues

Brubakk, K et al. BMC Health Serv Res. 2015 Jul 23;15:280

#### Conclusions

- Improvements should be designed according to results
- Priorities should be set according to financial abilities, staff commitment, morbidity and mortality of patients etc.
- Accreditation system should be adjusted to the level of the medical services, culture and health insurance.
- Internal monitoring should be an ongoing process and not being done intensively before External Audit
- Regulators have more Power to force changes than external Accreditation

