

Accreditation in Healthcare (Part I)

Prepared by Dr. Hesham Mousli

MHA623
Healthcare Quality

Lecture 9



Our Roadmap

Quality improvement
methodologies Overview

1

Common
planning tools

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Six-Sigma
methodology

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Planning
phase
orientation

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overview

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Intended Objectives

1. **Distinguish** between accreditation, certification, and licensure—three pillars of quality assurance.
2. **Understand** how accreditation evolved from early 20th-century reforms to today's global systems.
3. **Identify** the tangible benefits accreditation brings to patients, providers, and healthcare organizations.
4. **Compare** major international accreditation frameworks like JCI and ISO.
5. **Navigate** the step-by-step journey of an organization seeking accreditation.

Key Definitions



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- ***Certification:*** Focuses on validating competence in a specific area (e.g., a hospital unit certified for diabetes care). It's like earning a "***specialized badge***" for excellence.



Key Definitions

- ***Licensure:*** A legal requirement to operate. Without it, a hospital or clinician cannot legally provide services “***similar to a driver’s license for healthcare***”.



Key Definitions

- ***Accreditation:*** A voluntary, *in-depth evaluation* where healthcare organizations are assessed against high-performance standards by external experts. Think of it as a "*quality seal*" awarded after *rigorous peer review*.



Key Definitions

Aspect	Accreditation	Certification	Licensure
Purpose	Holistic organizational quality	Specific service or skill validation	Legal permission to operate
Voluntary?	Yes (but highly influential for reputation)	Often voluntary	Mandatory by law
Renewal	Every 1–3 years with re-evaluation	Automatic if fees paid	Annual, with strict monitoring

Chart

➤ **Example:**

A hospital might be ***“Licensed”*** to operate, ***“Certified”*** for cardiac surgery, and ***“Accredited”*** for overall excellence by Joint Commission International (JCI).



Chapter

The Evolution of Accreditation



➤ **Problem:** Wide Variability in U.S. Medical Schools

- **In the early 1900s**, medical education in the U.S. was inconsistent.
- Some medical schools provided high-quality education, while others were poorly structured or inadequate.
- There was a lack of uniform standards for what constituted proper medical training.

➤ **Solution:** Abraham Flexner's Report

- **Abraham Flexner**, an educator, was hired to evaluate medical schools in the U.S. and Canada.
- His 1910 report (**the Flexner Report**) revealed serious flaws in medical education, including poor facilities, unqualified teachers, and lack of scientific research.
- **Flexner advocated for reform and recommended that medical schools:**
 - Adopt higher academic standards.
 - Focus on scientific and evidence-based training.
 - Be associated with universities for better integration with higher education standards.

The Evolution of Accreditation

➤ **Legacy:** Groundwork for Modern Accreditation

- **Reform of Medical Education:** The Flexner Report exposed flaws in U.S. medical schools, leading to significant reforms in curriculum and standards.
- **Standardized Accreditation:** It introduced a system for accrediting medical schools, ensuring consistent quality and improved training.
- **Legacy of Modern Medical Education:** The report laid the foundation for today's accreditation system and professional licensing in healthcare.

➤ **Hospital Standardization Program (1917):**

- **Initiated by the American College of Surgeons** to set minimum standards for hospital operations.
- Focused primarily on **operating room conditions** to reduce preventable errors and improve surgical care quality.
- Its success in **improving surgical standards** laid the foundation for **broader healthcare quality initiatives**.

➤ **Creation of JCAHO (1951):**

- The **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)** was formed in 1951, evolving from the Hospital Standardization Program.
- **Expanded Scope:** Extended beyond hospitals to include **nursing homes, ambulatory care centers, and other healthcare settings.**
- **Core Focus:** Ensures **quality care, patient safety, and continuous improvement** in healthcare institutions.

➤ Global Impact: Joint Commission International (JCI):

- **Joint Commission International (JCI)** was created to adapt the standards and principles of JCAHO for global healthcare.
- JCI applies these standards worldwide to improve healthcare quality and safety across borders.



➤ Different Accreditation Programs Offered by JCI:

- **Hospital Accreditation:** Assessing hospitals' compliance with global healthcare standards for quality and safety.
- **Primary Care Accreditation:** Evaluates the quality of care and services in primary care settings.
- **Ambulatory Care Accreditation:** Focuses on standards for outpatient care facilities.
- **Patient Safety Goals:** Specific programs aimed at improving patient safety in healthcare organizations.
- **Disease-Specific Care Certification:** Provides accreditation for specific areas of care, such as cancer, diabetes, and stroke management.

Chapter

Why Accreditation Matters ?



➤ **Compelling Reasons:**

- 1. Patient Trust:** Accredited hospitals signal safety and quality to communities.
- 2. Performance Metrics:** Quantifiable standards (e.g., infection rates) drive accountability.
- 3. Standardization:** Reduces variability, like ensuring all hospitals follow best-practice protocols.

➤ **Compelling Reasons:**

- 4. Benchmarking:** Learn from top performers (e.g., adopting a leading hospital's patient-safety model).
- 5. Report Cards:** Publicly share outcomes (e.g., survival rates) to build transparency.

➤ Real-World Benefits:

■ For Hospitals:

- Faster insurance reimbursements.
- Lower malpractice premiums (proof of quality reduces risk).

■ For Staff:

- Pride in working for a top-tier institution.
- Easier recruitment of skilled professionals.

“Accreditation isn’t just a plaque on the wall, it’s a culture of continuous improvement.”

Chapter

Inside the Accreditation System



The 4 Pillars of Accreditation

- 1. Governance:** A board of experts (doctors, administrators) oversees standards and decisions.
- 2. Education:** Training programs help hospitals prepare (e.g., workshops on compliance).
- 3. Standards Development:** Experts draft criteria (e.g., patient rights, infection control).
- 4. Surveying:** Teams conduct on-site reviews, interviewing staff and inspecting records.

➤ **Patient-Centered Care:**

- **Clear communication about treatment options.**
- **Respect for cultural preferences.**

➤ **Clinical Excellence:**

- **Regular staff training.**
- **Protocols to prevent medication errors.**

1. JCI (Joint Commission International):

- **Focus:** Patient safety and operational rigor.
- **Survey Process:**
 - Tour facilities (e.g., ORs, pharmacies).
 - Interview staff and patients.
 - Review incident reports (e.g., medication errors).

2. International Organization for Standardization (ISO) in Healthcare:

- **Focus:** Process efficiency and customer satisfaction.
- **Survey Process:**
 - Assess hospital-designed quality programs within ISO's framework.
 - Evaluate process efficiency improvements (e.g., reducing wait times).
 - Review patient feedback and satisfaction metrics.

Aspect	JCI (Joint Commission International)	ISO (International Organization for Standardization)
Focus	Patient safety, clinical quality, and operational rigor	Process efficiency, standardization, and customer satisfaction
Approach	Rule-Based: Hospitals must follow JCI's predefined safety and quality protocols	Framework-Based: Hospitals design their own quality systems within ISO's framework
Standards	Focuses on clinical safety, infection control, medication management, patient rights, and leadership	Emphasizes documentation, process control, risk management, and continuous improvement
Survey Process	On-site inspections, interviews with staff and patients, and review of incident reports (e.g., medication errors)	Audits focused on compliance with hospital-designed processes, efficiency improvements, and quality documentation
Example in Action	Requires hospitals to implement standardized hand hygiene protocols to reduce infections	Requires hospitals to establish a system for monitoring and improving hand hygiene compliance, but the method is hospital-specific
Accreditation Outcome	Certification demonstrates compliance with internationally recognized patient safety and quality standards	Certification confirms that the hospital has effective quality management systems in place
Common Use Cases	Hospitals seeking international recognition for clinical excellence and patient safety	Hospitals looking to improve operational efficiency and establish standardized processes

Chapter

The Accreditation Journey



- **Overview:** The self-assessment is the initial step hospitals take to gauge their current compliance with accreditation standards. This step helps identify strengths and areas that need improvement.
- **Activities:**
 - **Internal Audit:** Hospitals review and assess their processes, policies, and practices against the set accreditation standards. This could include auditing clinical processes like infection control, patient safety protocols, and administrative procedures.

➤ Key Questions (Examples):

- "Do our patient consent forms meet the required criteria?"
- "Are our patient safety procedures in line with best practices?"
- "Do we comply with prescribed medication management protocols?"

➤ **Team Involvement:** Typically, multiple departments, including clinical, administrative, and quality assurance teams, are involved in this audit process to get a holistic view of the hospital's adherence to standards.

➤ **Goal:** *The hospital identifies non-compliance areas early, allowing time to rectify them before the on-site survey.*

- **Overview:** This step involves an on-site evaluation by an external surveyor or accreditation body. The surveyor assesses hospital operations, observes practices, and interviews staff and patients to ensure compliance with accreditation standards.
- **Surveyor Activities:**
 - **Observation of Procedures:** Surveyors observe various hospital operations to ensure protocols are followed. For example, observing surgeries to check that sterility protocols are being adhered to.

➤ Surveyor Activities:

- **Emergency Preparedness Drills:** Surveyors may participate in or observe emergency response drills, such as fire response drills, to ensure staff know how to react in emergencies.
- **Patient Interviews:** Surveyors interview patients to assess their experience. Example questions:
 - "Did the staff explain your treatment plan clearly?"
 - "Do you feel your rights as a patient are being respected?"

➤ Surveyor Activities:

- **Document Review:** Surveyors review critical documentation, such as patient records, safety logs, and incident reports (e.g., medication errors) to ensure compliance with safety and privacy regulations.

➤ **Goal:** *The surveyor gathers evidence that the hospital meets or exceeds the required standards for accreditation.*

- **Overview:** After the on-site survey, the hospital receives feedback on its compliance. Based on the results, there are two possible outcomes: full accreditation or conditional approval.
- **Outcomes: *Either:***
 - A. Full Accreditation:**
 - **What it means:** The hospital has successfully met all the necessary standards and has demonstrated consistent, high-quality patient care and operational processes.
 - **Next Steps:** Celebrate the achievement, but the work isn't over. Continuous monitoring and improvement are essential to maintaining the accreditation status. Hospitals must regularly assess their practices and strive for ongoing improvement.

➤ **Outcomes:** *Either:*

B. Conditional Approval:

- **What it means:** The hospital did not meet one or more critical standards and is given time to correct these issues.
- **Next Steps:** Hospitals must address identified gaps before re-assessment. For example, if the surveyor found weaknesses in record-keeping, the hospital would need to improve its documentation practices and then request a follow-up survey.
- **Action Plan:** The hospital typically creates an action plan that addresses each identified gap, outlines steps to fix issues, and sets deadlines for completion.

➤ **Goal:** *The goal of this phase is to ensure hospitals are committed to maintaining quality standards and continually improving patient care and safety.*

Future Trends



➤ Digital Transformation:

- **Electronic Health Records (EHRs):** Streamline documentation for accreditation audits.
- **Telemedicine:** New standards for virtual care quality.

➤ Patient-Centered Innovations:

- **Real-Time Feedback:** Apps let patients report experiences during hospital stays.
- **Outcome Transparency:** Public dashboards show accreditation scores (e.g., infection rates).

1. **Accreditation** = voluntary "quality seal"; **Certification** = specialized competence; **Licensure** = legal requirement.
2. **Flexner Report (1910)** reformed medical education, paving the way for modern accreditation.
3. **JCI** ensures global patient safety; ****ISO**** focuses on process efficiency.
4. **Accreditation boosts** trust, standardization, reimbursements, and reduces risks.

5. **Four pillars:** Governance, Education, Standards, and Surveys.
6. **Steps:** Self-assessment → On-site survey → Continuous improvement.
7. **Future trends:** EHRs, telemedicine, and real-time patient feedback.
8. **Accreditation** = ongoing commitment to excellence, not just a milestone.



Thank You