

Hospital Accreditation: Has it Impacted Patient Safety?

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1. Setting the scene
2. Synthesis of published evidence
3. Practical and research challenges
4. Conclusions and recommendations
5. Q&A





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- Decade of accreditation research experience

1. Setting the Scene

“The physician must ... have two special objects in view with regard to disease, namely, to do good or to do no harm.”

Hippocrates

*“There are some patients we cannot help,
there are none we cannot harm.”*

Arthur Bloomfield

- 134 million AEs in LMIC hospitals p/year (2/3 of global total, >50% preventable).
- 5.7 - 8.4 million deaths due to unsafe healthcare p/year in LMICs (incl. PC).
- Equates to ~10% of total deaths annually in LMICs.
- Resulting costs of lost productivity amount to USD1.4 - 1.6 trillion annually.

Sources

[Crossing the Global Quality Chasm: Improving Health Care Worldwide | The National Academies Press \(nap.edu\)](#)

[Patient Safety \(who.int\)](#)

[OECD iLibrary | The economics of patient safety: Strengthening a value-based approach to reducing patient harm at national level \(oecd-ilibrary.org\)](#)

[Improving patient safety in developing countries - moving towards an integrated approach - PubMed \(nih.gov\)](#)

Successes and Failures

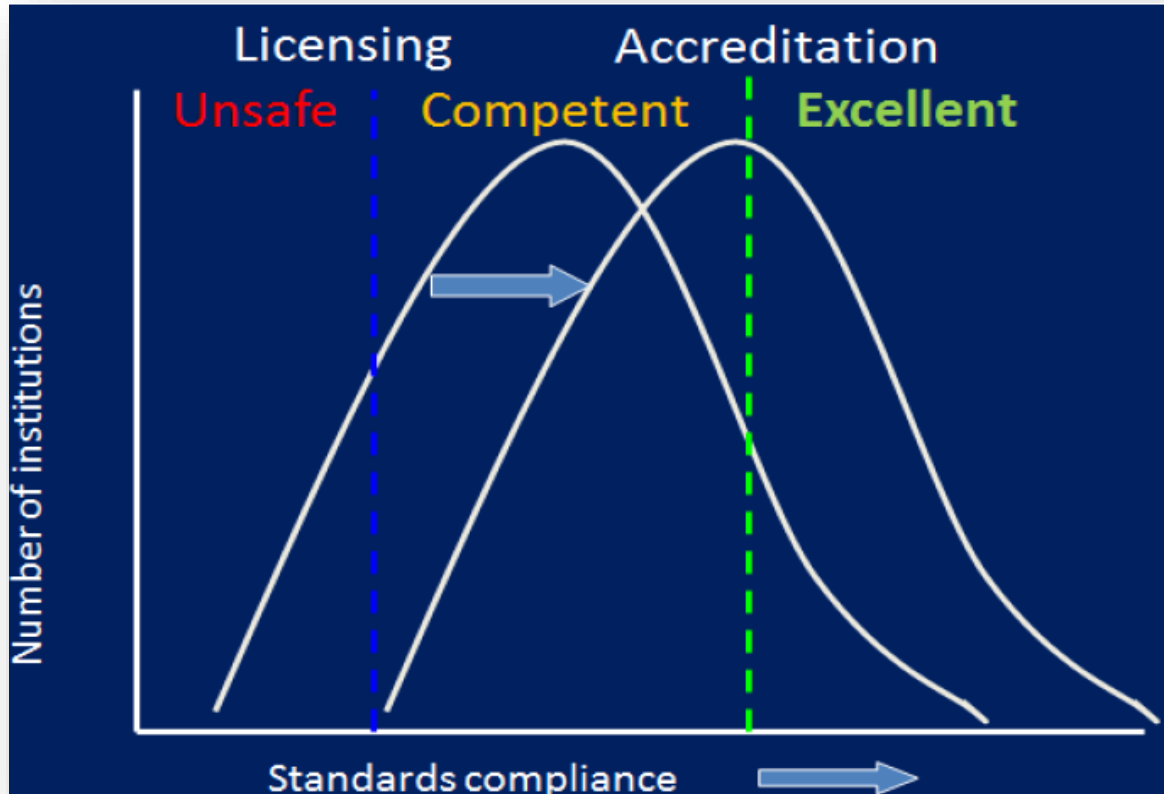


- Adherence to EB standards to improve clinical & organisational performance.
- Increase public trust.
- Access financial incentives.
- KTE within and across sectors and systems.

Sources

[C unrecognized power of health services accreditation: more than external evaluation | International Journal for Quality in Health Care | Oxford Academic \(oup.com\)](#)

Accreditation Aims



- Organisational self-assessment.
- External assessments (interviews, observations, document reviews).
- Report provided by accrediting agency, then follow up actions.
- Standards need to be evidence-based, clear and updated regularly.
- Assessments need to be credible, transparent and consistent.

Global Reach

- >90 countries, >30 national bodies.
- ISQua + support from supranational orgs.
- Programs cover multiple healthcare sectors.
- Prominence in LMICs due to new financing systems and medical tourism.
- Challenging to sustain programs in resource-poor settings.
- Some neo-colonialist concerns.



Sources

[ISQua - The International Society for Quality in Health Care \(ieea.ch\)](http://ieea.ch)

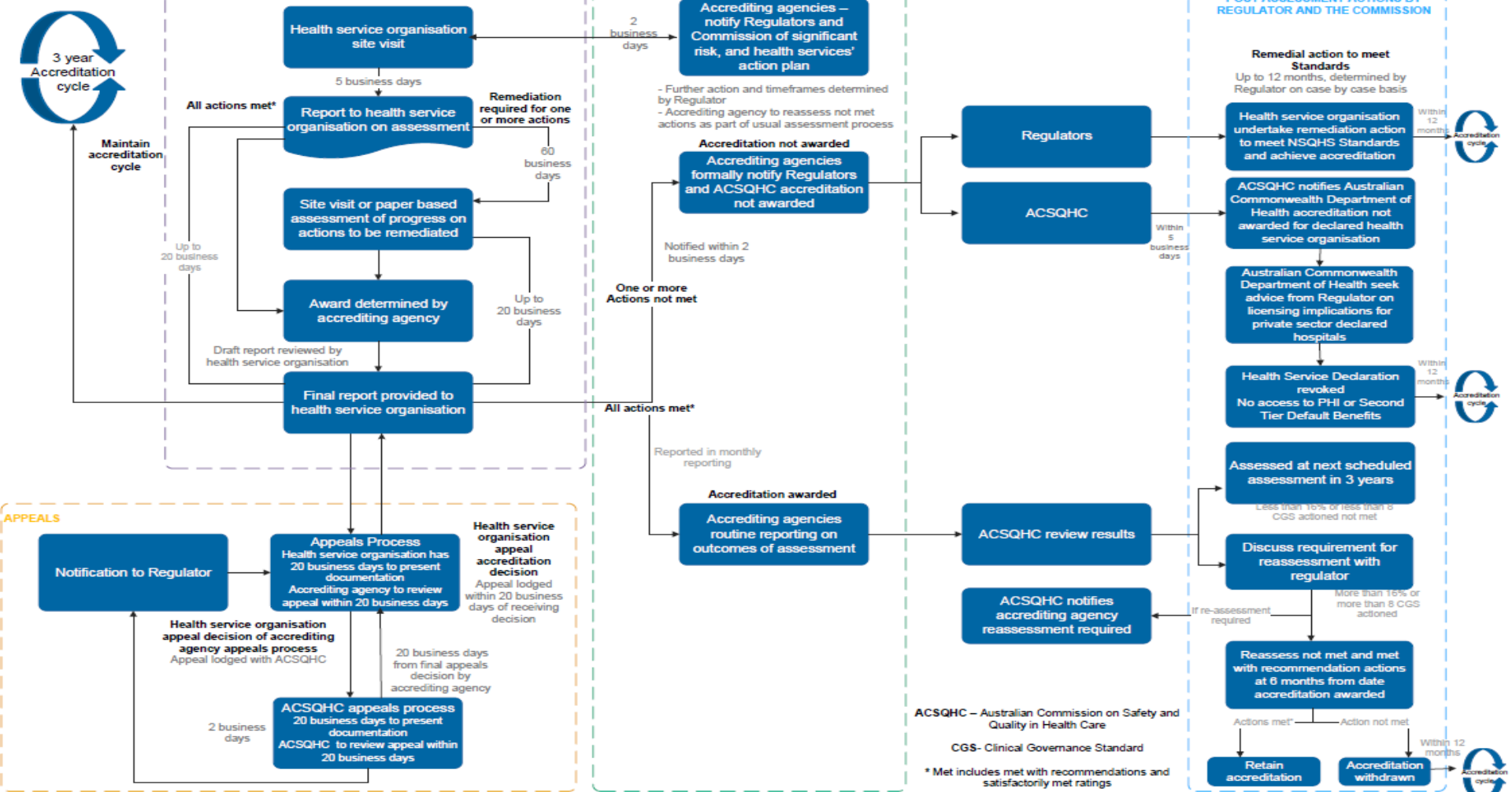
[Global Patient Safety Action Plan 2021-2030 \(who.int\)](https://www.who.int)

[development of hospital accreditation in low- and middle-income countries: a literature review | Health Policy and Planning | Oxford Academic \(oup.com\)](#)

- National coordination of hospital (and other) accreditation processes.
- The ACSQHC approves accrediting agencies to assess services to determine compliance with the NSQHS Standards targeting priority areas.
- Initial evaluations have been positive, but scientifically questionable.

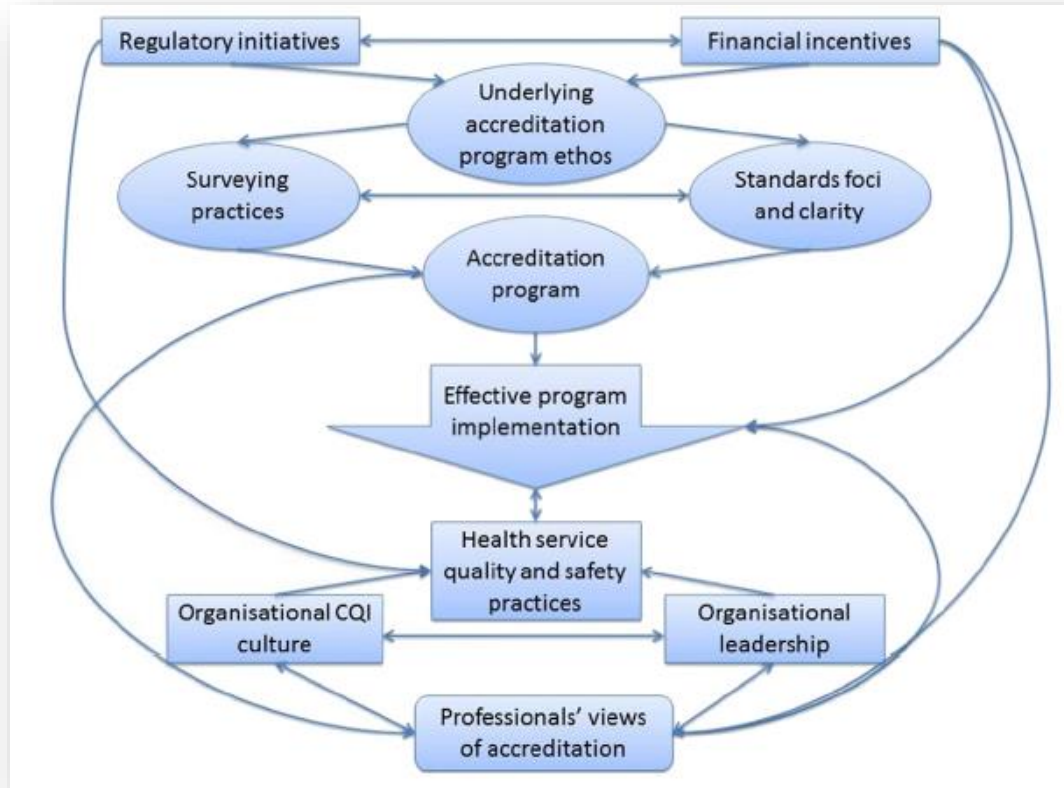
Sources

[Review of the Australian Health Service Safety and Quality Accreditation Scheme: Improving the reliability of health service organisation accreditation process](#)



- Screen organisations for entry into a health system?
- QA using basic quality standards?
- Promote CQI using a holistic program?
- Combination of the above?
- Which definition aligns best with the main programs in your country?

Holistic Perspective



Sources

[Stakeholder perspectives on implementing accreditation programs: a qualitative study of enabling factors | BMC Health Services Research | Full Text \(biomedcentral.com\)](#)

Benefits and Costs



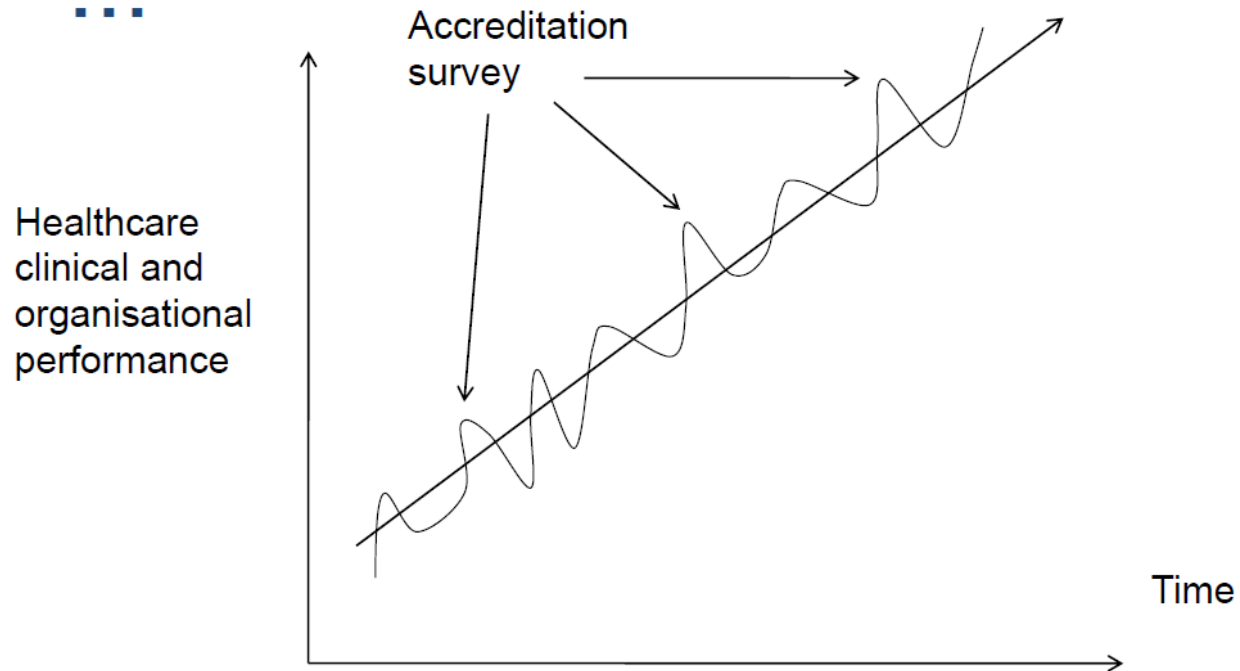
Benefits

- Readily adaptable.
- Diffuse best practice to promote Q&S.
- Facilitate intra- and inter-system communities of Q&S practice.

Costs

- Considerable investment of financial and human resources.
- Threatens professional autonomy and organisational innovation.

Does it Work?



- 2015 - Kayakalp (transformation) initiative
- 2015 - Dakshata (adroitness) program
- 2016 - National Quality Assurance Standards
- 2017 - Labour Room Quality Improvement initiative
- 2018 - Ayushman Bharat program

Sources

[Implementing a quality improvement initiative for private healthcare facilities to achieve accreditation: experience from India | BMC Health Services Research \(springer.com\)](#)

- **National Accreditation Board for Hospitals and Healthcare Organizations (NABH)**
- Joint Commission International
- Bureau Veritas International
- International Organization for Standardization



Image source: [Home - NABH](#)

- Different standards for different types of facilities.
- Different levels of accreditation (entry, progressive, full).
- Financial incentives linked to insurance programs.
- Mostly viewed positively by health professionals, especially administrators.

Sources

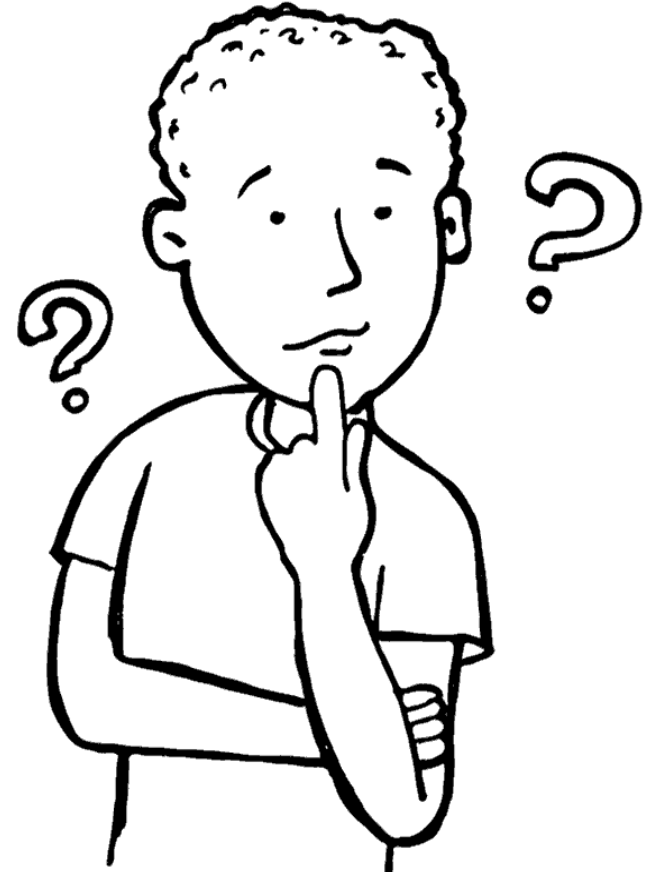
[Implementing a quality improvement initiative for private healthcare facilities to achieve accreditation: experience from India | BMC Health Services Research \(springer.com\)](#)

[Comparison-of-NABH-and-AB-PMJAY-Quality-Standards-for-Accreditation-in-a-Tertiary-Care-Medical-hospital.pdf \(researchgate.net\)](#)

[The effect of applying accreditation standards on quality of health services from point of view healthcare providers - ProQuest](#)

[Perception of Hospital Accreditation Impact among Quality Management Professionals in India: A Survey-Based Multicenter Study | Global Journal on Quality and Safety in Healthcare \(allenpress.com\)](#)

- Who's standards / program?
- What version of standards?
- Which types of facilities?
- What study designs?
- Which participants?
- Vested interests?



2. Synthesis of Published Evidence

International Journal for Quality in Health Care, 2023, **35(1)**, 1–7

DOI: <https://doi.org/10.1093/intqhc/mzad007>

Advance Access Publication Date: 4 February 2023

Systematic Review

OXFORD

Hospital accreditation: an umbrella review

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- 33 included literature reviews.
- Results grouped into the 7 healthcare quality dimensions.
- Foci:
 - What is the supporting evidence?
 - What are the research trends?
 - What are the knowledge gaps?

Sources

[Hospital accreditation: an umbrella review - PMC \(nih.gov\)](#)

- Diversity of methods and rigour in review (and primary) studies.
- This did not produce major differences in study conclusions.
- Variation in focus on specific programs vs all programs in a single country.
- The most represented quality dimensions were effectiveness, efficiency, patient-centredness and safety.

Quality Dimensions: Effectiveness (n=27)

- 10 proposed positive associations.
- Promotion of evidence-based practice, guideline development and the use of CIs.
- Outcomes included LoS, readmission rates and mortality rates.

- 2 broad conflicting themes.
- Positive impacts were related to staff retention, lower turnover, improved productivity and strengthened HRM practices.
- Accreditation administration can introduce inefficiencies through increased costs and workload, divert clinicians away from providing direct patient care, and require investments in extra equipment to meet standards.
- Due to a lack of rigorous economic studies to examine costs versus benefits, the true impact on efficiency has been deemed inconclusive.

- One used quantitative data to conclude that accreditation has a null effect.
- Hospital accreditation has also been used as a lever to promote UHC in LMICs, where scarcity of resources shifts the focus of health system quality to improving accessibility of services.

- One review was unable to find any related primary research.
- The other *described* the use of hospital accreditation to promote equity in LMICs.
- Is accreditation a positive or negative force for health equity?

- Accreditation was found to be positive in its potential to boost public confidence, improving public disclosure, consumer involvement, complaints management, communication, infrastructure, and the working environments of accredited hospitals, which can help to attract patients.
- However, most reviews found inconclusive, inconsistent, or no evidence.
- One review that specifically examined the association between accreditation and patient satisfaction found no relationship between the two, and one concluded that this area is relatively under-researched.

Quality Dimensions: Timeliness (n=2)

- 2 reviews suggested positive associations, but with limited primary studies.

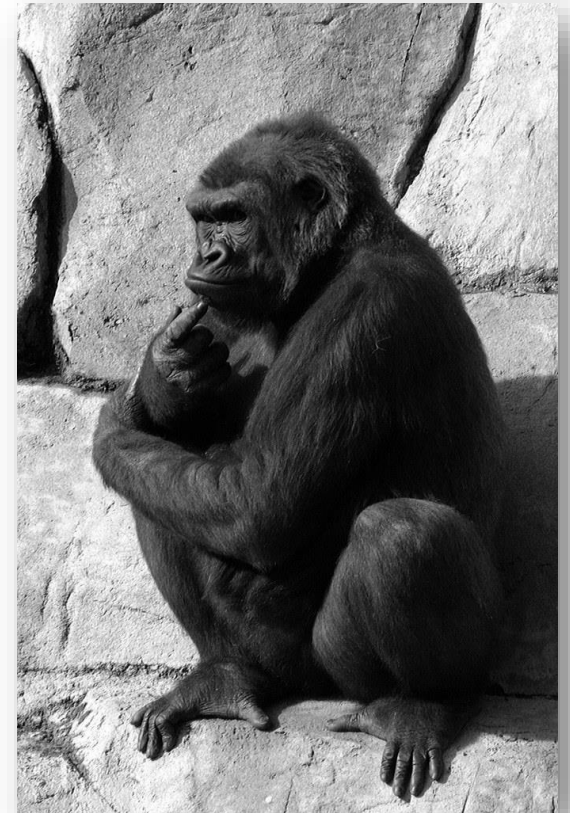
- Conclusions were mixed, with most reviews finding inconclusive results.
- The 4 reviews that found a positive impact suggested that this was due to promoting an improved patient safety culture and procedures, such as those used to prevent and manage falls.
- A safe organisational culture was considered by the authors to contribute to other findings, including a positive impact on safety indicators, increased incident reporting, and fewer adverse events, such as post-surgery complications and infection rates.

- ✓ Accountability, regulatory, quality assurance, quality improvement, marketing and financial incentive instrument.
- ✓ In LMICs accreditation shapes medical tourism and drives macro-policy.
- ✓ Strengthens public confidence, which benefits hospital providers.
- ✓ Reflects high organisational performance as it influences process development, management and patient safety culture.

3. Practical and Research Challenges

- Accreditation is only a QA ‘snapshot’, which may not be sustained.
- Participation is not without risk, which for mandatory programs may include service restrictions if expectations are not met.
- All programs require substantial resource investment and change processes, which leads to increased staff workloads and stress.
- The resource burden is greater for smaller organisations, and accreditation may be economically unsustainable in some contexts.
- Insufficient information to conduct rigorous health economic analyses.

- Heterogeneous, with mostly poor methodological rigour and lacking in theory to explain the mechanisms of accreditation impacts.
- Difficulties in isolating accreditation impacts from concurrent influencing factors.
- Limited control over potential interactions among variables, the inherent complexities of accreditation programs, and their differing aims, focus, design, and maturity means that programs are difficult to compare or aggregate.



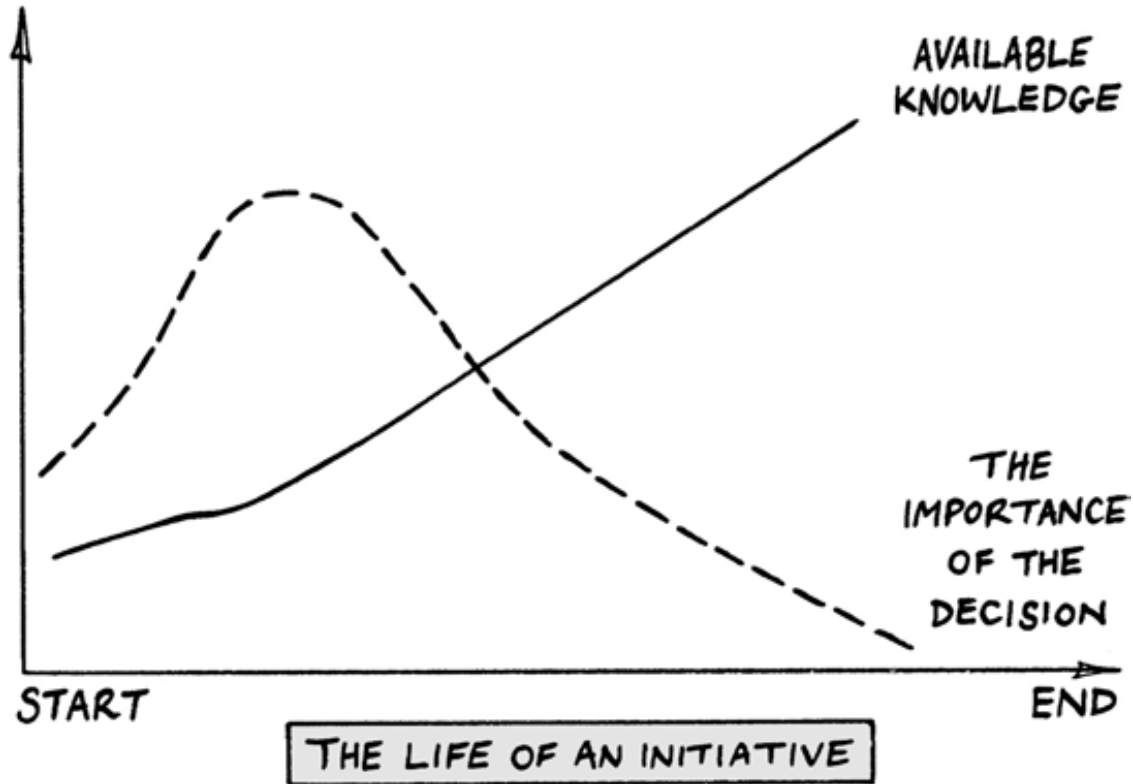
4. Conclusions and Recommendations

- Review conclusions are typically generalised, continuing to question if accreditation 'works' and struggling with inherent heterogeneities.
- Research can produce more conclusive insights by investigating the impacts between or within jurisdictions, specific programs, types of assessments, and mandatory and voluntary accreditation.
- The lack of evidence within the equity, access, and timeliness domains also raises questions of the foci of accreditation programs and research.

- Hospital accreditation will remain popular, maturing under external influences (economics, politics, and culture) more than an evidence base.
- There is limited robust evidence that accreditation improves hospital Q&S, so positive impacts from single studies should be interpreted with caution.
- Theoretical development into how hospital accreditation may result in healthcare improvement should be undertaken e.g. Implementation Science.
- Stepped wedge cluster randomised trials are recommended.



The Planning Dilemma (Haslam, et al., 2018, p.6)



- Does an absence of evidence equate to evidence of absence (of effect)?
- Accreditation is an important element of Q&S regulatory frameworks but isn't itself a panacea for reducing harm from healthcare.
- Accreditation must better leverage organisation- and system-level digital health information systems to retain ongoing relevance and sustainability.

Sources

[Accreditation in 2030 | International Journal for Quality in Health Care | Oxford Academic \(oup.com\)](#)

[From accreditation to quality improvement—The Danish National Quality Programme | International Journal for Quality in Health Care | Oxford Academic \(oup.com\)](#)

[Advancing the accreditation economy: a critical reflection | International Journal for Quality in Health Care | Oxford Academic \(oup.com\)](#)

Questions

