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The life cycle of hospital accreditation: a patient safety primer

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Introduction: Hospital accreditation is frequently selected by healthcare leaders as a method to improve quality and is an integral part of health care systems in more than 70 countries. The growth of hospital accreditation can be attributed in part to the growing public awareness of medical errors and patient safety gaps in healthcare. As cost containment continues to be a concern in many hospitals, organizations need to evaluate the value of accreditation as a long term investment. Although accreditation is a framework for achieving and sustaining quality and patient safety, empirical studies that evaluate whether accredited organisations sustain compliance with quality and patient safety standards over the accreditation cycle are lacking[1-5].

Objective: The paper aims to evaluate whether accredited hospitals maintain quality and patient safety standards over the accreditation cycle by testing a life cycle explanation of accreditation on quality performance measures. Four distinct phases of the accreditation life cycle were defined based on the Joint Commission International process. Predictions concerning the time series trend of compliance during each phase were specified and tested.

Design: The validity of the life cycle model was tested by calibrating interrupted time series regression equations for 23 quality and accreditation compliance measures.

Setting: A 150 bedded multi-speciality hospital in Abu Dhabi, UAE.

Participants: Each month (over 48 months) a simple random sample of 24 % of patient records was selected and audited from the monthly population. A total sample of 12,000 patient records was drawn from a population of 50,000.

Interventions: The impact of hospital accreditation on the 23 quality measures was observed for 48 months, one year pre-accreditation (2009) and three years post-accreditation (2010-2012).

Main Outcome Measure(s): The proposed life cycle model was evaluated by aggregating the data for 23 quality measures to produce a composite score (YC) and to fit an interrupted time series regression equation to the unweighted monthly mean of the series.

Results: The results demonstrate that four phases of the life cycle exist namely, the initiation phase, the pre-survey phase, the post-accreditation slump and the stagnation/ maturation phase. Furthermore, the life cycle model explains 87 percent of the variation in quality compliance measures ($R^2 = 0.87$). The best fit interrupted time series model not only contains three significant variables ($p \leq 0.001$), but the size of the coefficients indicates that the effects of these variables are substantial.

Conclusion: Acceptance of the accreditation life cycle framework offers a blueprint for improving strategy on quality and patient safety. A major benefit of the concept is that stagnation and declining outcomes can be avoided by monitoring the life cycle and taking proactive initiatives at appropriate times in order to sustain patient safety performance. The life cycle model also justifies the need for a continuous patient safety programme throughout the organization.

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