



Policy and Practice: A Partnership for Better Outcomes

"Accreditation and Patient Safety Right From the Beginning!"

Twenty years of accreditation,
the evidence.

Triona Fortune

1

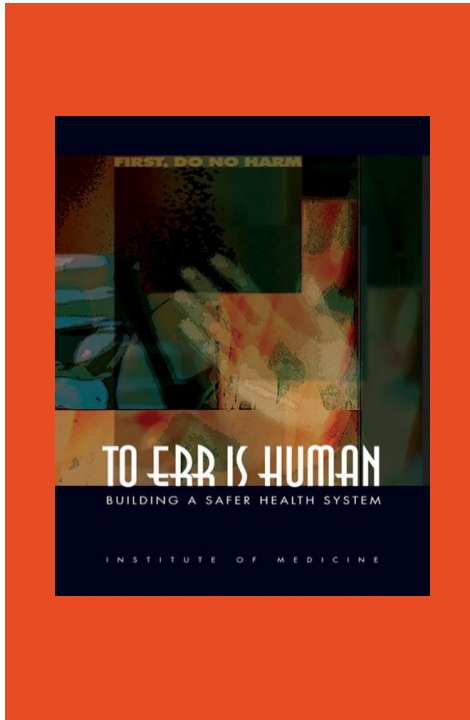


Agenda

- Lessons learned from research
- Future improvements

527189363

2



3

QUALITY OF CARE

By David W. Bates and Hardeep Singh

DOI: 10.1093/ajph/2018.08.1388
 HEALTH AFFAIRS 38
 NO. 8 (2019) 1388-1393
 © 2018 Project HOPE—
 The People-to-People Health Foundation, Inc.

Two Decades Since *To Err Is Human*: An Assessment Of Progress And Emerging Priorities In Patient Safety

David W. Bates (through partnerships) is chief of the Division of General Internal Medicine at Brigham and Women's Hospital, in Boston, Massachusetts.

Hardeep Singh is chief of the Health Policy, Quality, and Informatics Program, Center for Innovations in Quality, Effectiveness, and Safety, Michael E. DeBakey Veterans Affairs Medical Center, and a professor of medicine at the Baylor College of Medicine, both in Houston, Texas.

ABSTRACT The Institute of Medicine's *To Err Is Human*, published in 1999, represented a watershed moment for the US health care system. The report dramatically raised the profile of patient safety and stimulated dedicated research funding to this essential aspect of patient care. Highly effective interventions have since been developed and adopted for hospital-acquired infections and medication safety, although the impact of these interventions varies because of their inconsistent implementation and practice. Progress in addressing other hospital-acquired adverse events has been variable. In the past two decades additional areas of safety risk have been identified and targeted for intervention, such as outpatient care, diagnostic errors, and the use of health information technology. In sum, the frequency of preventable harm remains high, and new scientific and policy approaches to address both prior and emerging risk areas are imperative. With the increasing availability of electronic data, investments must now be made in developing and testing methods to routinely and continuously measure the frequency and types of patient harm and even predict risk of harm for specific patients. This progress could lead us from a Bronze Age of rudimentary tool development to a Golden Era of vast improvement in patient safety.

Twenty
years of
data

- Øvretveit 2001 Quality Evaluation and Indicator Comparison in Health Care. IJHPM
- Greenfield et al 2008 Sector Accreditation Research: a systematic review. IJQHC.
- Hinchcliffe et al 2012 Narrative synthesis of health service accreditation literature. BMJ
- Brubakk et al 2015 A Systematic Review of Hospital Accreditation: The Challenges of Measuring Complex Intervention Effects. BMC Health Services Research
- Bogh et al 2016 Improvement in quality of hospital care during accreditation: A nationwide stepped-wedge study. IJQHC
- Barnett et al 2017 Patient Mortality During Unannounced Accreditation Surveys at US Hospitals. JAMA

4



RESEARCH ARTICLE

Open Access

The impact of hospital accreditation on quality measures: an interrupted time series analysis

Subashnie Devkaran^{1*} and Patrick N O'Farrell²

Abstract

Background: Developing countries frequently use hospital accreditation to guarantee quality and patient safety. However, implementation of accreditation standards is demanding on organisations. Furthermore, the empirical literature on the benefits of accreditation is sparse and this is the first empirical interrupted time series analysis designed to examine the impact of healthcare accreditation on hospital quality measures.

Methods: The study was conducted in a 150-bed multispecialty hospital in Abu Dhabi, United Arab Emirates. The quality performance outcomes were observed over a 48 month period. The quality performance differences were compared across monthly intervals between two time segments, 1 year pre-accreditation (2009) and 3 years post-accreditation (2010, 2011 and 2012) for the twenty-seven quality measures. The principal data source was a random sample of 12,000 patient records drawn from a population of 50,000 during the study period (January 2009 to December 2012). Each month (during the study period), a simple random sample of 24 percent of patient records was selected and audited, resulting in 324,000 observations. The measures (structure, process and outcome) are related to important dimensions of quality and patient safety.

Results: The study findings showed that preparation for the accreditation survey results in significant improvement as 74% of the measures had a significant positive pre-accreditation slope. Accreditation had a larger significant negative effect (48% of measures) than a positive effect (4%) on the post accreditation slope of performance. Similarly, accreditation had a larger significant negative change in level (26%) than a positive change in level (7%) after the accreditation survey. Moreover, accreditation had no significant impact on 11 out of the 27 measures. However, there is residual benefit from accreditation three years later with performance maintained at approximately 90%, which is 20 percentage points higher than the baseline level in 2009.

Conclusions: Although there is a transient drop in performance immediately after the survey, this study shows that the improvement achieved from accreditation is maintained during the three year accreditation cycle.

Keywords: Accreditation, Joint Commission International, Healthcare quality measures, Interrupted time series analysis

Background
Introduction

The frequency and magnitude of medical errors is gaining

safety in healthcare [1-4], there still exists a dearth of compelling evidence of their impact and effectiveness, none more so than the all-encompassing strategy of ac-

5

Twenty years of data

Does the research prove that accreditation supports quality improvement?

No

Does the research prove that accreditation doesn't support quality improvement?

No



6



Perspectives on Quality

Leveraging the full value and impact of accreditation

WENDY NICKLIN, TRIONA FORTUNE, PAUL VAN OSTENBERG, ELAINE O'CONNOR, and NICOLA MCCAULEY

International Society for Quality in Health Care, 74 Upper Mount Street, Dublin 2, D02 F750, Ireland

Address reprint requests to: Triona Fortune, International Society for Quality in Health Care, 74 Upper Mount Street, Dublin 2, D02 F750, Ireland. Tel: +35316738276. E-mail: triona@isqua.org

Original Decision: 16 January 2017; Accepted: 22 January 2017

Abstract

Providing high quality and safe patient care is a challenge in the current rapidly changing and complex health care environment. A variety of independent tools and methodologies contribute to this effort, e.g. regulatory requirements, quality improvement tools and accreditation methodologies. A concern is that each alone will not achieve the tipping point in health care quality that is required. This paper suggests that the methodology and application of accreditation have the potential to be the force to bring these approaches into alignment and ultimately measurably improve the quality of care.

Key words: accreditation, external evaluation, quality improvement, patient safety, person-centred care, continuous improvement, health care



7

7



Learnings for accreditation

- Change the research question
 - success is measuring spread
 - where should we insist on compliance
- Standardise terminology
- Reduce burden of audit, perceived that everything has to be proved
 - NB Peer Review
- Figure out where the patient partnerships work.



8



Conclusion

- Stop trying to prove it works
- Focus on what does work
- Keep standards up to date
- Continue to improve the assessment methodologies
- One size does not fit all
- Reduce the burden

9





Thank-you

Triona Fortune

www.fqas.ie

tfortune@fqas.ie

 @trionafortune

 triona-fortune



10