Who Benefits from Hospital Accreditation ?

B.A.A.S. Congress
February 27th, 2015

Dr. Paul Vercruysse

Accreditation Benefits (cfr. 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

Public recognition and marketing

Benefits of Joint Commission Accreditation

Organization Accredited
by Joint Commission International

SHONAN KAMAKURA
GENERAL HOSPITAL

Kamakura/Kanagawa, Japan

has been

Accredited

by

JOINT COMMISSION INTERNATIONAL

which has evaluated this **Hospital** and found it to meet the international health care quality standards for patient care and organization management.

Effective 27 October 2012 through 26 October 2015

Suet Wan Liu, M.D.
Chair

Paula Wilson
President, Chief Executive Officer

Joint Commission International is a division of Joint Commission Resources Inc., an affiliate of The Joint Commission.

CN 1491.1


UZ LEUVEN
Diensten en centra
Specialisten
Ziekten en behandelingen
Consultaties
az groeninge kortrijk
az groeninge haalt als
1e niet-universitaire ziekenhuis van de Benelux
internationaal kwaliteitslabel JCI
In oktober onderzochten auditors van de "Joint Commission International" (JCI) of de zorg die az groeninge verstrekt, voldoet aan de strengste internationale normen inzake kwaliteit en patiëntveiligheid. Daarvoor kamden ze zes dagen lang vakkundig alle aspecten van de ziekenhuiswerking uit, vertrekkende vanuit één bezorgdheid: de noden van de patiënt. Begin november kregen we het "verdict" binnen:
Daarmee kan az groeninge zich scharen bij de beste ziekenhuizen wereldwijd.
JOINT COMMISSION INTERNATIONAL
QUALITY APPROVAL
Organization Accredited
by Joint Commission International

Met het behalen van een accreditatielabel kan het ziekenhuis aantonen dat de huidige zorgkwaliteit hoogstaand is

Marketing advantage (cfr. JCI)

- Strengthens **community confidence** in the quality and safety of care, treatment and services
- Provides a **competitive edge** in the marketplace and improve the ability to secure new business

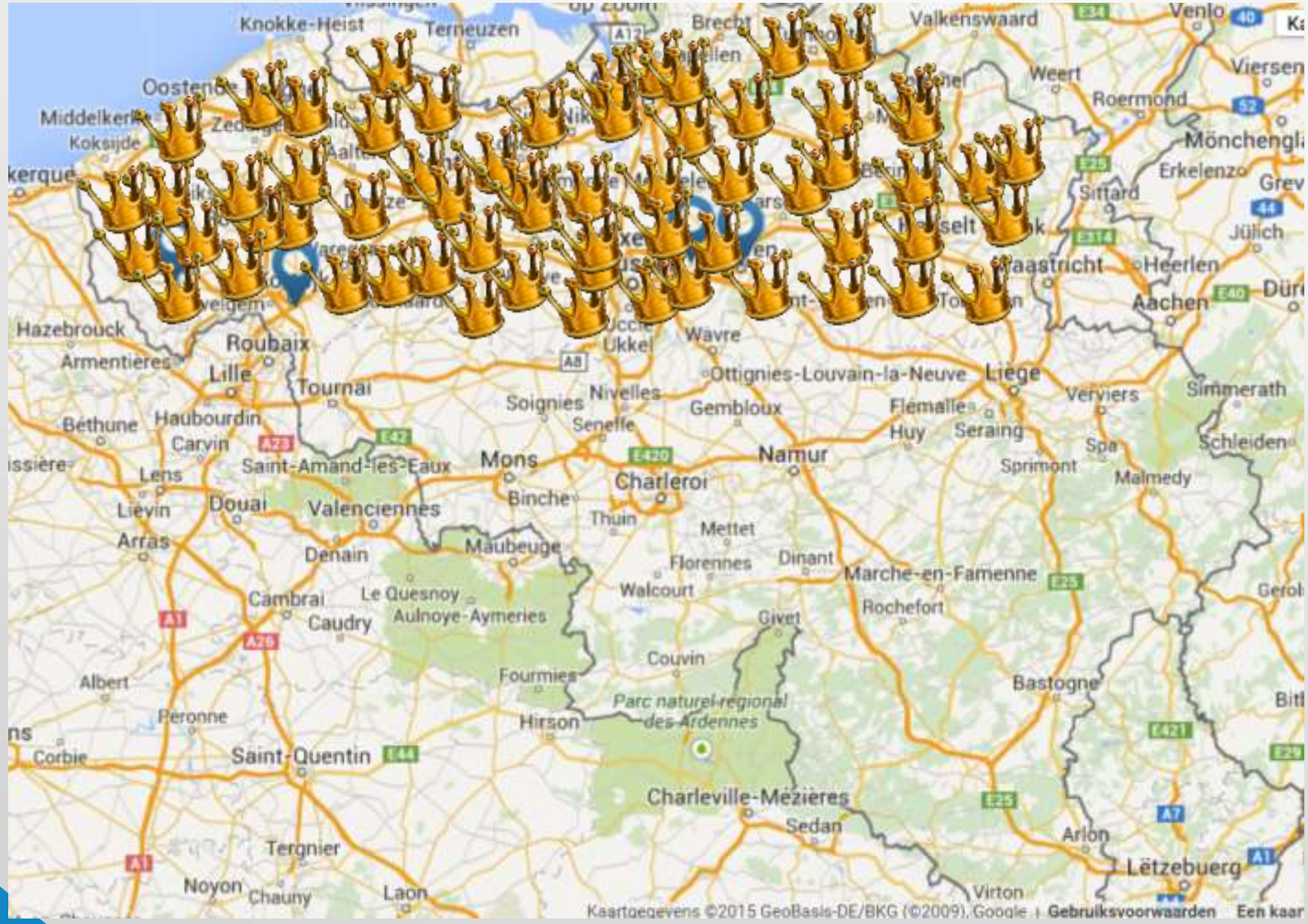
Accreditation in Belgium

Accreditation in Belgium

As of June 2014:

- Accreditation procedure: 60 out of 65 hospitals
  - 28 by NIAZ
  - 23 by JCI
  - 9 to be decided

Accreditation kingdom Belgium



Selecting an Accredited Hospital

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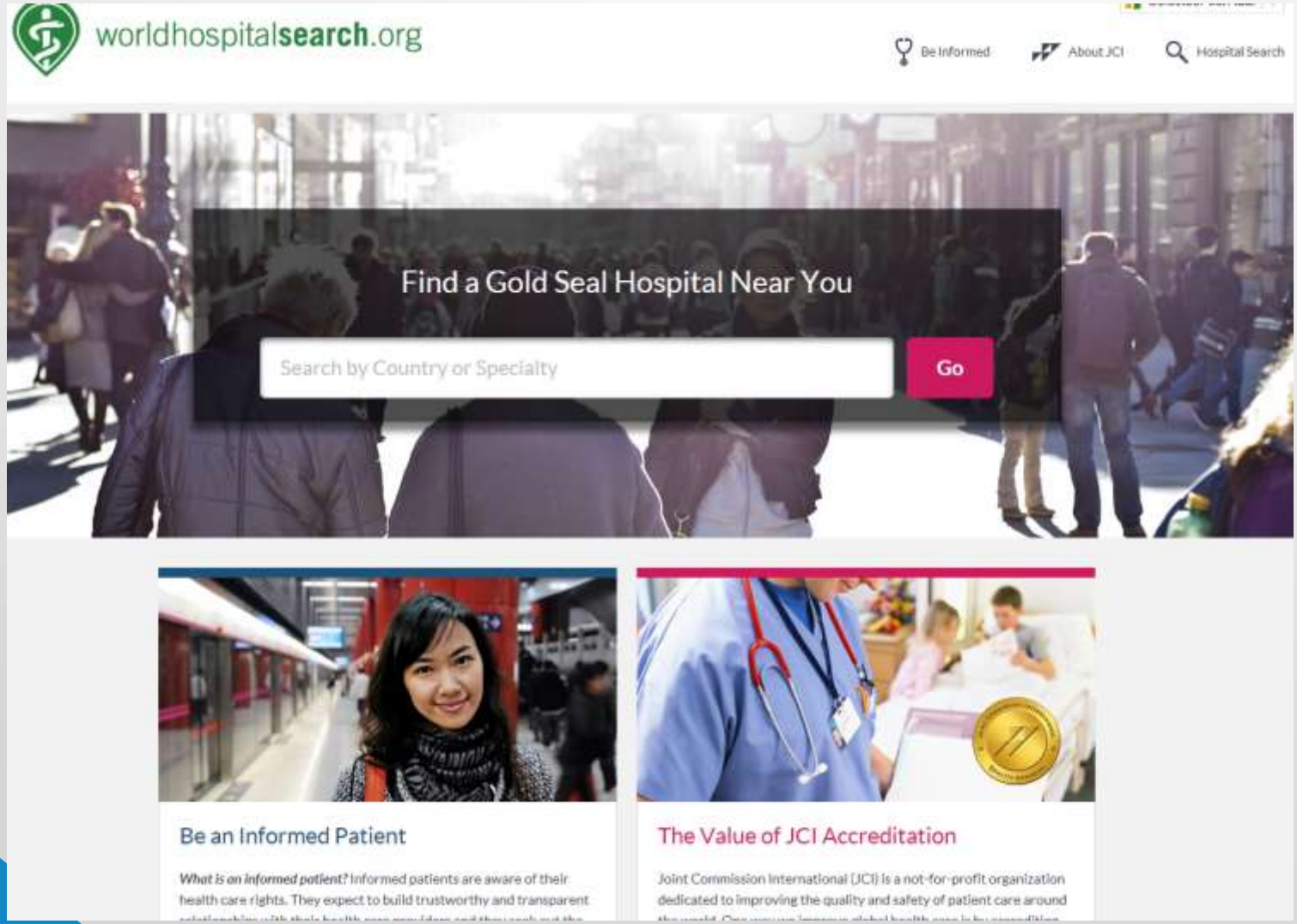
Selecting an Accredited Hospital



Patient safety

Patient safety

- International Patient Safety Goals
  1. Accuracy of patient **identification**
  2. Effective **communication**
     - critical results of diagnostic tests
     - handover communication
  3. **High-alert medications**
     - including concentrated electrolytes
  4. Correct-site, correct-procedure, correct-patient **surgery**
     - including time-out immediately prior to start of surgery
  5. **Infection risk** reduction by correct hand-hygiene
  6. **Fall risk** assessment and prevention

Quality of care and clinical outcome

DUQuE EU research project

- "to study the effectiveness of quality improvement systems and their impact on patient level outcomes"

Impact of accreditation

- **The effect of certification and accreditation on quality management in 4 clinical services in 73 European hospitals.**
  - Shaw CD, et al; DUQuE Project Consortium.
    - Int J Qual Health Care. 2014 Apr;26 Suppl 1:100-7.
- 73 hospitals, 291 services managing AMI, hip fracture, stroke and obstetric deliveries, in Czech Republic, France, Germany, Poland, Portugal, Spain and Turkey.
- **positively associated** with clinical leadership, systems for patient safety and clinical review.
- **limited effect** on the delivery of evidence-based patient care.

HAS - impact of certification

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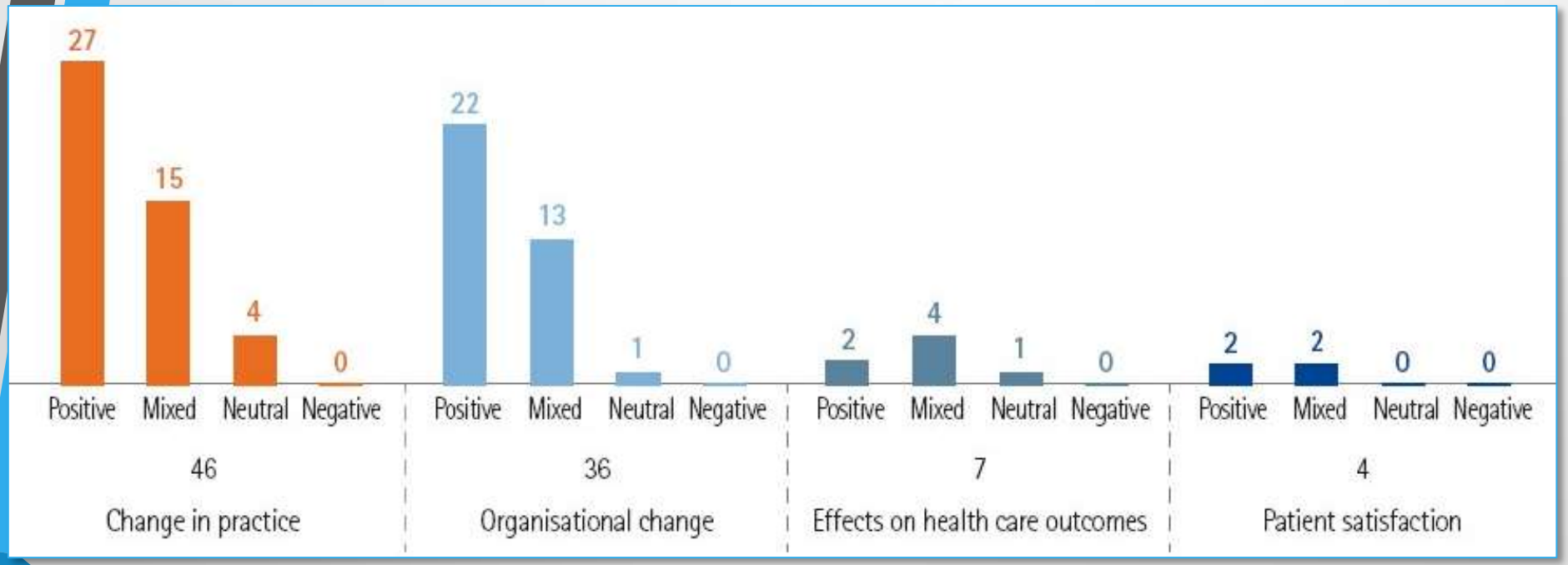
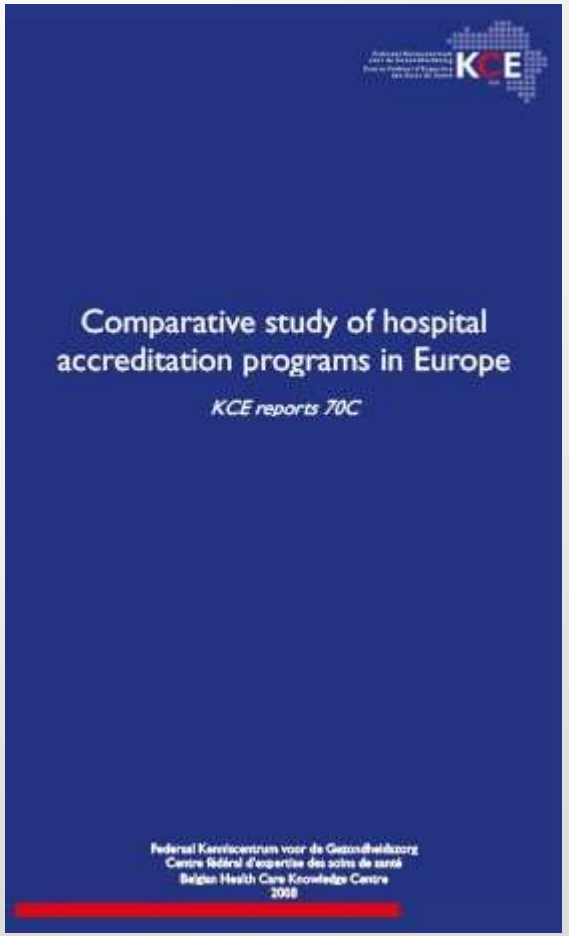


The KCE - perspective

Federaal Kenniscentrum voor de Gezondheidszorg
Centre fédéral d'expertise des soins de santé
Belgian Health Care Knowledge Centre
2008

Comparative study of hospital accreditation programs in Europe

KCE reports 70C



KCE – the impact of accreditation

- No hard data showing effectivity of accreditation programs
  - No validation of proposed standards
  - Most indicators used are not outcome-related
  - Accreditation is a complex not well-defined intervention
  - Many confounding factors
- But proved to be an excellent tool to start quality improvement programs in many hospitals

Impact of accreditation

- **Does hospital accreditation impact bariatric surgery safety?**
  - Morton JM, Garg T, Nguyen N.
    - Stanford School of Medicine, Stanford, CA
    - Ann Surg. 2014 Sep;260(3):504-8
- 72,615 discharges, 145 hospitals (66 unaccredited and 79 accredited)
- Hospital accreditation status is associated with safer **outcomes** (less complications, lower mortality), shorter **LOS**, and lower **total charges** after bariatric surgery.

Clinical indicators – Heart attack care

- **Aspirin** prescribed at discharge
- **ACEI** (captopril, Capoten, lisinopril, Zestril) or ARB (losartan, Cozaar, telmisartan, Micardis) for LVSD
- **Beta-blocker** prescribed at discharge
- **Fibrinolytic** therapy received within **30 minutes** of hospital arrival
- Primary **PCI** received within **90 minutes** of hospital arrival

Clinical indicators – Surgical care

- Prophylactic **antibiotic received** within one hour prior to surgical incision
- Prophylactic **antibiotic selection** for surgical patients
- Prophylactic **antibiotics discontinued** within 24 hours after surgery end time
- Surgery patients on **beta-blocker therapy** prior to arrival who received a beta-blocker during the perioperative period
- Cardiac surgery patients with **controlled postoperative blood glucose**
- Surgery patients with appropriate **hair removal**
- Surgery patients who received appropriate venous **thromboembolism prophylaxis** within 24 hours prior to surgery to 24 hours after surgery
- **Urinary catheter removed** on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero

VIP² : Making Indicators Work

- Symposium Icuro / Zorgnet Vlaanderen December 5th 2014
  - **Mother and child** (SC, breast feeding, …)
  - **Orthopedics** (hip- and knee prostesis, length of stay, time to surgery
  - **Cardiology** (use of ACE-inhib, aspirin, beta-blockers, …)
  - **Breast cancer** (5-year survival, …)
  - **Hospital wide** (readmission, hand hygiene, …)
  - **Stroke care** (thrombolysis, door-to-needle time, …)

Patient satisfaction

Patient satisfaction

- **Is there an association between hospital accreditation and patient satisfaction with hospital care?**
    - Sack *et al*.
        - International Journal for Quality in Health Care 2011; Volume 23, Number 3: pp. 278– 283
- 36 777 patients from 73 hospitals
- **66.3%** of all the patients recommend their hospital to others
- **No evidence** that accreditation was linked to patient satisfaction as measured by patients' willingness to recommend the hospital they had recently attended

Patient satisfaction

- **Challenging the holy grail of hospital accreditation: A cross sectional study of inpatient satisfaction in the field of cardiology**
  - Cornelia Sack, Gerald J Holtmann
    - Department of Strategy and Medical Planning, University Hospital Essen, Germany; University of Adelaide, Faculty of Health Sciences, Australia
    - BMC Health Serv Res. 2010 May 12;10:120.
- 3,037 patients form 25 cardiology units (15 accred., 10 non-accred.)
- successful accreditation is not linked with measurable better quality of care as perceived by the patient and reflected by the recommendation rate (65,6% vs. 65,8%).
- Hospital accreditation may represent a step towards **quality management**, but does not seem to improve overall **patient satisfaction**.

GZA ziekenhuizen

- **VIP² (Vlaams Indicatoren Project)**
- **Onze resultaten: uw algemene tevredenheid als patiënt**
- 67 % zou ons ziekenhuis zeker aanbevelen aan vrienden en familie. En daar zijn we zeer trots op.

Accreditation cost

Accreditation cost/benefit

- **Health services accreditation: what is the evidence that the benefits justify the costs?**
  - Mumford V[1], et al.
    - [1]Centre for Clinical Governance Research, Australian Institute of Health Innovation, University of New South Wales, Sydney
    - Int J Qual Health Care. 2013 Oct;25(5):606-20.

- Incremental costs: from 0.2 to 1.7% of total costs
- Benefit studies **inconclusive** in showing clear evidence that accreditation improves patient safety and quality of care.
- **Difficult to evaluate** accreditation in comparison to other methods to improve patient safety and quality of care.

Accreditation – direct cost

- Icuro: the mean (yearly) direct cost for JCI-accreditation is € 28.000 and for NIAZ-accreditation € 25.000
- JCI: in 2013 the average fee to a hospital for a full JCI accreditation survey was US$ 45,000
- NIAZ

Tarieven 2015 inclusief prijsindex 1,3% exclusief BTW

Categorie	Prijs 2015	Categorie	Reductieprijs
A	€ 29.462		
B	€ 23.538		
C	€ 17.653		
D	€ 11.766		
E	€ 5.878	ER	€ 4.610

Startfee is viermaal de prijs van 2015.

3. Per categorie is er een vaste prijs.

4. … in Vlaanderen worden in overleg met de directie van het NIAZ hierover concrete afspraken gemaakt.

Accreditation – indirect costs

- Time spent on procedure by existing staff
  - Administrative, technical, nursing, doctors, …
- Extra personnel (> 50.000 € / FTE / year !)
- Hardware purchase
- …

Accreditation cost physicians

Tabel 3. Kost accreditering artsen 2008 (in euro).

Omschrijving	Kost accreditering 2008
I. Forfait accreditering buiten nomenclatuur	**13.224.000**
II. Verschil honorarium al dan niet geaccrediteerd	
Raadpleging huisarts	91.869.489
Raadpleging specialist	67.500.435
Psychotherapieën	2.749.268
Toezicht	6.369.739
Urgentiegeneeskunde	2.852.103
Consultatiehonorarium voor röntgendiagnose	4.613.581
Biologie: ambulante forfaits	8.707.725
Biologie: verblijvende forfaits	445.313
	185.107.653
III. Bijkomend honorarium voor verstrekkingen	
Gynaecologie	201.809
Heelkunde	1.482.163
Anesthesie	2.392.687
Reanimatie	346.132
Radio- en radiumtherapie	206.474
Anatomopathologie	301.208
Parcutane interventionele verstrekkingen	108.499
	5.038.972
Kost accreditering	**203.480.625**

Bron: cijfers RIZIV

Medical staff

Medical staff

- Standardized procedures
- Credentialing and privileging / Yearly evaluation
- Better communication
- Induce a change of mentality

- Concern about
  - How quality of care has to be measured
  - Increased workload

Surgical Safety Checklist

World Health Organization | Patient Safety
A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?
- ☐ Yes

Is the site marked?
- ☐ Yes
- ☐ Not applicable

Is the anaesthesia machine and medication check complete?
- ☐ Yes

Is the pulse oximeter on the patient and functioning?
- ☐ Yes

Does the patient have a:

Known allergy?
- ☐ No
- ☐ Yes

Difficult airway or aspiration risk?
- ☐ No
- ☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?
- ☐ No
- ☐ Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

- ☐ **Confirm all team members have introduced themselves by name and role.**
- ☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?
- ☐ Yes
- ☐ Not applicable

Anticipated Critical Events

To Surgeon:
- ☐ What are the critical or non-routine steps?
- ☐ How long will the case take?
- ☐ What is the anticipated blood loss?

To Anaesthetist:
- ☐ Are there any patient-specific concerns?

To Nursing Team:
- ☐ Has sterility (including indicator results) been confirmed?
- ☐ Are there equipment issues or any concerns?

Is essential imaging displayed?
- ☐ Yes
- ☐ Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

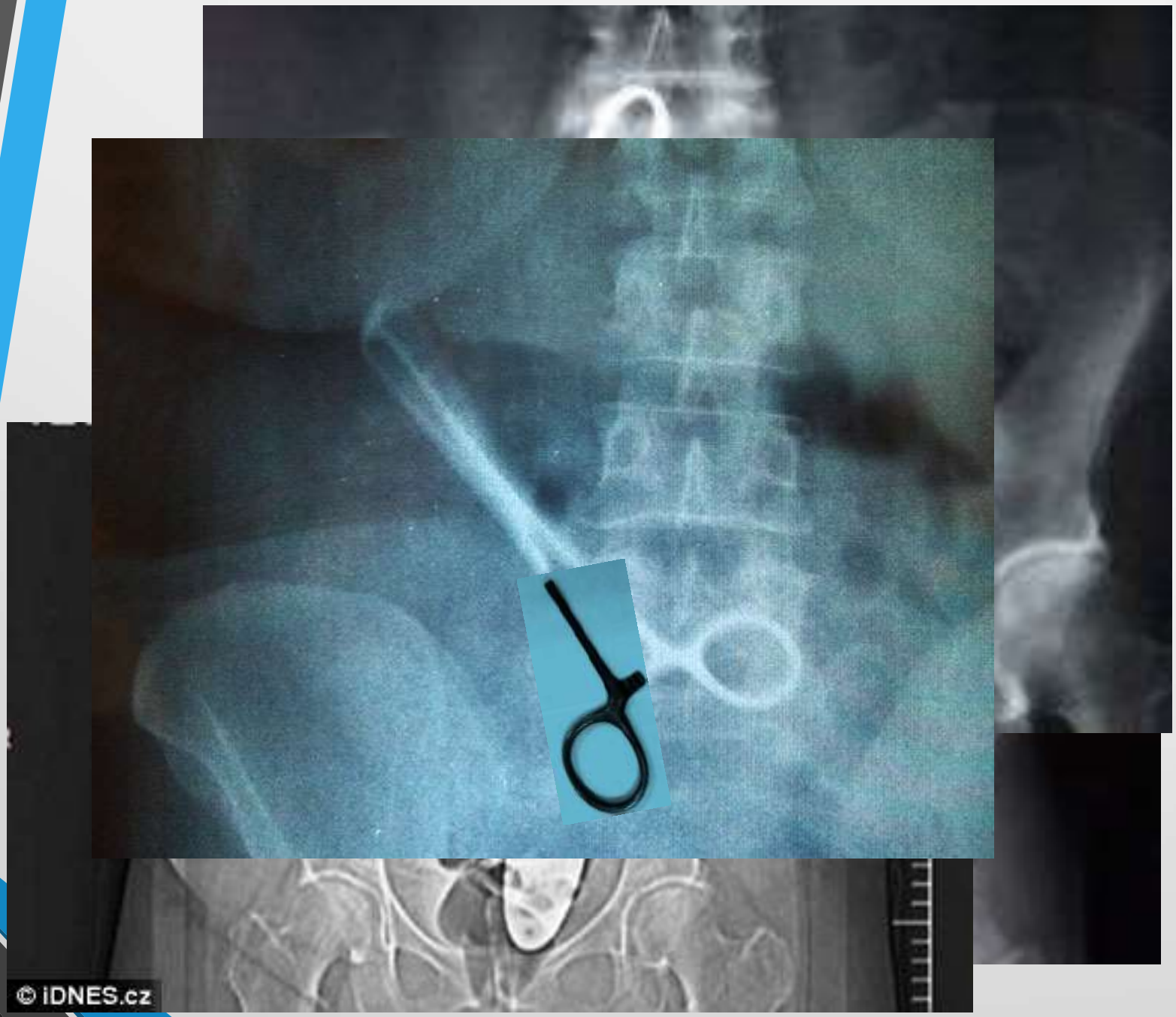
Nurse Verbally Confirms:
- ☐ The name of the procedure
- ☐ Completion of instrument, sponge and needle counts
- ☐ Specimen labelling (read specimen labels aloud, including patient name)
- ☐ Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:
- ☐ What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009


WE'RE GONNA OPERATE YOUR LEFT ARM TODAY.
RIGHT!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Retained Surgical Items

- **Retained surgical items: a problem yet to be solved**
  - Stawicki SP
    - Department of Surgery, The Ohio State University College of Medicine, Columbus, OH
    - J Am Coll Surg. 2013 Jan;216(1):15-22.

- RSI incidence: 59 in 411,526 or **1 in 6,975**

  - Trainee presence was associated with 70% lower RSI risk compared with trainee absence

Cost of Retained Foreign Objects

Physician Indemnity Costs for Retained Foreign Objects

Years	Closed Claims	Paid Claims	Avg. Payout	Largest Payout	Total Payout
2002-2006	727	244	$73,889	$1.35 million	$18 million
2007-2011	892	253	$104,842	$865,000	$26.6 million

Source: Physician Insurance Association of America Data Sharing Project

Physician Legal Defense Costs for Claims for Retained Foreign Objects

Years	Closed Claims	Average Legal Costs	Total Legal Costs
2002-2006	727	$17,805	$12.9 million
2007-2011	892	$29,152	$26 million

Source: Physician Insurance Association of America Data Sharing Project

Medical staff

- **Impact of Accreditation on the Quality of Healthcare Services: a Systematic Review of the Literature**
  - Abdullah Alkhenizan[a] and Charles Shaw[b]
    - [a]King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia
    - [b]European Society for Quality in Healthcare, Limerick, Ireland
    - Ann Saudi Med. 2011 Jul-Aug; 31(4): 407–416.

Medical staff

- One of the most important barriers to the implementation of accreditation programs is the **skepticism of** healthcare professionals in general and **physicians** in particular about the positive impact of accreditation programs on the quality of healthcare services.
- There is a need to educate healthcare professionals about the potential benefits of accreditation.

Nursing staff

Nursing staff

- Clearly defined evidence-based procedures
- Strict communication procedures
- Training and education opportunities

- **The impact of hospital accreditation on quality of care: perception of Lebanese nurses**
  - Fadi El-Jardali
    - International Journal for Quality in Health Care 2008; Volume 20, Number 5: pp. 363–371

Nursing staff

- <-> increased stress and workload
- **Perceived Stress Among Nursing and Administration Staff Related to Accreditation**
  - Gary Elkins
    - Baylor University, Waco, TX, USA,
    - Clin Nurs Res November 2010 vol. 19 no. 4 376-386
  - "Perceived stress was significantly related to employees' increased health concerns, symptoms of depression and anxiety, interpersonal relationships, and job satisfaction (p = .003)"

Is accreditation effective ?

Areas addressed in the standards

- International Patient Safety Goals
- Access to care and continuity of care
- Patient and family rights
- Assessment of patients
- Care of patients
- Anesthesia and surgical care
- Medication management and use
- Patient and family education
- Quality improvement and patient safety
- Prevention and control of infections
- Governance, leadership, and direction
- Facility management and safety
- Staff qualifications and education
- Management of communication and information

Is accreditation effective ?

Areas of accreditation requiring further study:

- …
- Need for research that demonstrates a strong link between accreditation status and **client outcomes**
- Need to **reduce the workload** of the accreditation process
- **Physician and patient** involvement in quality improvement and health care accreditation

…