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Research Article

Challenges of The New Iranian Accreditation System Based on The Requirements of The International Society for Quality in Healthcare (ISQua)

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Abstract

Purpose: To investigate the availability of required infrastructures for successful implementation of hospital accreditation in Iran.

Methods: A cross-sectional study was using published checklist by ISQua. Firstly, the forward-backward translation of checklist was done. Then the content validity of the checklist was assessed by an expert panel through participation of 10 experts in health services administration and its content validity ratio (CVR) along with content validity index (CVI) were approved reaching scores up to 0.95 and 0.94 respectively. To continue, the checklist was completed by 20 experts with proper experiences in accreditation fields. Finally, the availability status of infrastructures was reported as frequencies and percentages.

Results: The study findings indicated that 35.1% of the required infrastructures were available for successful implementation of the hospital accreditation system. Regarding this, the main shortcomings were related to required "resources" and "organization & structure" dimensions with 23.5% and 32.5% of availability respectively. In details, the main shortcomings were related to involuntary participation of hospitals in accreditation process, weak contribution of clinicians in accreditation activities, governmental management of the accreditation process, poor involvement of the main stakeholders in accreditation program, lack of appropriate data regarding clinical practices in hospitals, and managerial knowledge insufficiency among hospital managers. However, this system had available infrastructures including approval of the accreditation program by governments, existence of a professional organization for registration of clinicians and nurses, and access of accreditation program to the collected data by the Ministry of Health.

Conclusions: The study showed that the Iranian accreditation system faces tremendous challenges. Undoubtedly, the identified shortcomings and their related recommendations could be valuable for its success.

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Introduction

Health systems of different countries are required to provide a satisfactory level of health care services for their population; accordingly, various functions of the health system are discussed in all areas such as financing, resource generation, stewardship and service delivery. All these processes must be organized and implemented in such a way that lead to safe, risk free service with dignity; perhaps the combination of these features can be summarized in the concept of quality [1-3].

Accordingly, achieving an acceptable level of quality has always been one of the main concerns of these systems and is one of the main indicators of their performance. Although different systems have emerged in various countries, but the system that is most considered in the health systems and is designed specifically for this area is accreditation. So, the widespread and profound impact of this system on the quality promotion is such that most experts have considered it as a symbol of quality and its continuous improvement in health services [4-9].

Accreditation is placed in the area of the control function that is considered as one of the main functions of management and is defined as “a system in which an organization providing health care is assessed based on the predetermined standards and requirements and by an external evaluation team in the same level of the organization” [10-13]. The main difference of this system with other systems of quality promotion (certification, licensing and registration) is its optimum standards, so that relying on challenging and promoting standards leads to continuous quality improvement (CQI) [10, 14, 15].

If we look at the previous evaluation approaches in the health system of Iran, it will clearly be revealed that it has had major problems in design and implementation, perhaps the lack of appropriate standards for measuring functions and activities of the healthcare providers is considered as the most important problem [16, 17]. So that the standards of these systems only covered a limited part of the requirements and practices and did not have the ability to demonstrate the flaws in the health care environment [18, 19]. Furthermore, the evaluation process had numerous shortages such as lack of surveyor competencies, inappropriate scoring of standards and subjective evaluation of health centers’ performance [20, 21].

Accordingly, in recent years, those in charge of health in the ministry of health has been designing and publishing a model of accreditation; this model is “departmental” and we hope that it can have a positive effect on the performance of health care providers [22]. By regarding that there are no published studies related to preparation of required infrastructures for successful implementation of Iranian accreditation system, as well for identifying weaknesses and proposing practical suggestions to eliminate barriers of this system’s success, the present study sought to examine the challenges facing the new system based on the requirements set by the International Society for Quality in Healthcare (ISQua) and offer practical suggestions to address possible shortcomings.

Methods

This is a qualitative study which was conducted in the spring of 2012. The instrument used in this study is a checklist published by the International Institute for Quality in Healthcare (ISQua) in a weighty book entitled Toolkit for Accreditation Programs written by Charles D. Shaw [14]. ISQua institute is an international organization that is considered as the major responsible of accreditation in the world and is working with different countries with regard to the design and implementation of an accreditation program. The Institute has always tried to publish scientific and applied articles and contents, as well as the experiences of various countries on the accreditation and assesses and validates different accreditation institutes and programs in terms of their capability and competency; so that if this institute approves an accreditation institute, it will be a document of proud for it [14, 23].

In the mentioned checklist, the essential factors for the success of the accreditation model have been gathered in the four dimensions of policies, values and culture (in 8clauses), organization and structure (in 16clauses), methodology (in 8clauses) and resources (in 8clauses) and at last a control list with 40 standard has been created for assessing the challenges facing an accreditation organization. The data used in this study were collected through interviews with one or more individual, and against each standard there are two options: Yes or No; and in the case of meeting the standard, Yes or otherwise, No was chosen by experts.

Questions related to the first dimension of the checklist, namely “policies, values and culture” refer to the aspects such as philosophy of the components of accreditation, voluntary participation in the accreditation, stakeholder involvement in the design and implementation of the program that are essential for its successful implementation. The questions related to the second dimension, namely “organization and structure” refer to aspects such as distinguishing accreditation and licensing, the existence of appropriate national institutions for the improvement of the quality of health care, protection of law from implementation of program and independency of accreditation program. Questions related to the third dimension of the checklist, namely “methodology” refer to factors such as separation of the accreditation and licensing from policymakers, existence of financial incentives for hospitals to participate in the accreditation, evidence-based standards of model and adequate public reporting. And finally, questions related to the fourth dimension of the checklist, namely “resources” refer to financial independence of program and its ability to obtain funding, program staff access to information normally collected in the hospitals, and the appropriate empowerment of management and staff to improve quality, all of which have an important role in implementing the accreditation appropriately.

In order to confirm the content validity, the checklist was evaluated with the opinion of 20 experts. In this regard, the checklist was translated into Persian to ensure the accuracy and quality of the work and then was translated back into English, then all questions of the checklist were investigated by experts’ opinion based on five indicators of the quality of the question, namely “necessity”, “transparency”, “connection “,” simplicity “and” measurability”, on a scale of four for each, and for their analysis, according to the statistical law, the acceptance point of 75% was determined. According to statistical principles, first content validity ratio (CVR) is examined and in the case of approval of the question, content validity index (CVI) is investigated and in all these cases, the acceptance score of 75% will be valid [24, 25].

Experts of the present study are composed of 20 people holding a PhD degree of health services management, working in the office of the supervision and accreditation in ministry of health, clinical governance and clinical safety and excellence, members of the Health Management and Economics Board, successful chiefs of teaching hospitals, medical university assistants, managers of private accreditation companies operating in the country and also designers of the current models of accreditation in the country (Table 1). It should be noted that due to possible duplication of roles, total percentages may exceed one hundred.

In the present study, the designed checklist got 0.95 in the necessity index (CVR) and got 0.94 in all other four indices

(CVI) and was strongly endorsed. Also, all questions of the checklist in each of the five indicators were investigated for required revisions and finally 6 questions were removed and with the separation of 5 questions, thirty-nine questions were determined. Due to binary responses (Yes - No), Cronbach's alpha was calculated to check the internal consistency of the checklist based on a pilot study using Koder Richardson and the value of 0.925 for the index, confirmed the checklist.

In this study, it was tried to use the opinion of experts who have valuable experiences related to accreditation and purposive sampling (sampling methods in qualitative studies) was used. Data obtained with this method were reported in the form of the frequency - the percentage for each question and axes and also SPSS16 was used for data analysis.

Results

The results of this study in four main dimensions are reported below.

The results obtained for this dimension show that there are major shortcomings such as the lack of adequate participation in the design and implementation of an accreditation program, mandatory participation in the program, lack of enough willing among doctors to participate in the improvement of service quality and continuity of this program is shrouded in ambiguity if there is a change of government. One of the strengths of this aspect of the accreditation program is the suitability of its implementation philosophy and government support for its implementation (Table 2).

The results of this aspect suggest that the modern system of accreditation of the country has fundamental flaws such as separation of the donor agency of the accreditation and licensing, the weakness of the model's standards in improving safety and risk management, lack of appropriate national institutions to improve the quality of health care service and to analyze and compare service delivery, weak national and local accountability in terms of the important issue of quality and dominance of Health Ministry over accreditation program. The strengths of this aspect are the appropriate registration and organization of doctors and nurses and centralized management of accreditation program. (Table 3).

The findings of this aspect reveal the fact that in the current accreditation program, adequate financial authorizations have not been introduced, academic hospitals are not subject to receiving accreditation and transparency and public information is not kept in a good condition; however, the current program has the advantages such as the separation of accreditation concept from the licensing process, making decision on granting accreditation by non-assessors and also evidence-based standards embedded in the model (Table 4).

The findings of this aspect reveal that the program does not have sufficient ability to earn income and autonomy, personnel lack sufficient ability on the quality improvement of their jobs, sufficient data are not given to hospital employees and hospital administrators lack the knowledge and experience to manage these centers properly (Table 5).

Analyses carried out on mean scores of each dimension indicate that the first dimension has the average of5.42% for yes and 5.57% for No, the second has the average of 5.32% for yes and 5.67% for No, the third dimension has the average of 5.43% for yes and 5.56% for No, the fourth dimension has an average of 3.23% for yes and 7.76%for No. Additionally, investigation of the mean of answers provided to all the questions illustrates that the mean of yes answers is 1.35 and no answers is 9.64.

Discussion

The study results indicate that this program has faced enormous challenges in the four key areas under investigation and it is inevitable to remedy and resolve them in order to achieve success.

The main shortcomings in "policies, values and culture" are that participation in accreditation program is not voluntary, physicians have not adequate willingness to take responsibility and contribute to improve the quality of their clinical activities, and representatives from all organizations and active professional expertise in health care across the country are not members of the Executive Board of Accreditation. But there are some positive aspects in this dimension including; the government has

Table 1. Composition of experts participating in the study.

Respondents	Frequency	Percentage
Professors of Health Care Management	13	65
Leaders and experts from the ministry of Health Department offices	7	35
Designers and authors of the current accreditation standards for hospitals	6	30
Members of the Board of Health Economics and Management Sciences	4	20
CEO of Private Accreditation companies in the Country	3	15
Therapy assistants of medical universities	2	10
Successful heads of major hospitals	2	10

Table 2. Results obtained from the questions of "policies, values and culture".

Question	Frequency	
	Yes	No
The main goal of an accreditation program is to improve and document the performance of health care providers	16	4
The primary goal of the accreditation program isn't reducing costs or closing centers	15	5
It is tried that stakeholder's views and expectations about the role of accreditation lead to quality improvement in national scheme and during informal consultations	7	13
Participation in accreditation program is voluntary	0	20
The government has approved the creation and implementation of the accreditation program	19	1
Policy and Management of Accreditation Program will continue regardless of changes in government	8	12
Physicians have adequate willingness to take responsibility and contribute to improve the quality of their clinical activities	0	20
Representatives from all organizations and active professional expertise in health care across the country are members of the Executive Board of Accreditation	2	18

Table 3. Results obtained from the questions of "organization and structure".

Question	Frequency	
	Yes	No
Licensing individuals and organizations against minimum standards of structure and safety is separated from accreditation	9	11
Licensing individuals and organizations is managed by a separated institution	0	20
Rules and inspections ensure the safety of community, patients and staff in conjunction with radiation, fire, health, drugs and equipment	9	11
A formal quality unit with a well-known curator is responsible for coordinating programs and initiatives within the Department of Health	4	16
There is a national reference center for the collection, compilation and development of clinical guidelines	6	14
There is a national center for the adoption and publication of comprehensive comparative information on the performance of the health system	3	17
There is a national information center for training and using quality improvement methods	2	18
There is a professional organization and mechanism for controlling the registration of medical practitioners nationally	16	4
There is a professional organization and mechanism for controlling the registration of nurses nationally	16	4
There is a quality improvement organization in each clinical profession	0	20
There is an appropriate leadership, accountability, supervision, monitoring and communication at the national level in the quality area	5	15
There is an appropriate leadership, accountability, supervision, monitoring and communication at the local level in the quality area	3	17
There is a national quality assurance and improvement system for clinical laboratories	13	7
There is a national organization for improving the quality of health services	0	20
Activities and performances of accreditation program have been defined by national laws	15	5
Accreditation Program is not managed nationally and under the authority of the regional or academic management	15	5
Accreditation Program has not been under the direct management of the Ministry of Health, government agencies, service certificates of ISO, or health insurance funds	1	19
Accreditation program is conducted by a committee composed of medical, public and government representatives (albeit without the domination of any one of them)	0	20

Table 4. Results obtained from the questions of "Methodology".

Question	Frequency	
	Yes	No
Policymakers have written and agreed definitions of the functions, structures and activities of individuals' and organizations' accreditation and licensing	13	7
Public and private insurance agencies and capital institutions provide appropriate financial incentives to encourage health agencies to participate in accreditation program	11	9
Providing clinical training services (training - hospital care), is subject to receiving accreditation	2	18
The final decision to grant accreditation is done based on the defined and published process and criteria and these decisions are not made by individual reviewers or program staff	14	6
Standards and requirements used to evaluate accreditation are drawn from credible documentary evidence resulted from effective research or experiences of health services	14	6
Scope and duration of Accreditation for public and private data center facilities are available for free	3	17
Accreditation standards are freely available to the public	13	7

Table 5. Results obtained from the questions of "resources".

Question	Frequency	
	Yes	No
Accreditation programs have the ability to obtain needed funds for their survival and development from their revenues	4	16
Accreditation programs are allowed to offset their operating costs through receiving payment from users of credit services consumers	1	19
Accreditation program has access to data collected routinely and reported by health providers to the Health Ministry	16	4
Health care provider organizations provide accurate, complete and timely data of clinical or organizational practice for their employees	0	20
Program staffs have been trained to assess and improve performance in their job and health organizations	7	13
Hospital administrators and health organizations have passed formal training in relation to the management of these centers	0	20

approved the creation and implementation of the accreditation program, the main goal of an accreditation program is to improve and document the performance of health care providers, and the primary goal of the accreditation program isn't reducing costs or closing centers.

The major limitations in "organization and structure" dimension are that licensing individuals and organizations is not managed by a separated institution, there is not an appropriate leadership, accountability, supervision, monitoring and communication at the national level in the quality area, there is not a national organization for improving the quality of health services, accreditation program is not conducted by a committee composed of medical, public and government representatives, accreditation program has been under the direct management of the Ministry of Health, there is not a national information center for training and using quality improvement methods, there is not a national center for the adoption and publication of comprehensive comparative information on the performance of the health system. But there are some optimistic points in this dimension including there is a professional organization for

controlling the registration of medical practitioners and nurses nationally, activities and performances of accreditation program have been defined by national laws and accreditation program is not managed nationally and under the authority of the regional or academic management.

The key inadequacies in "methodology' dimension are that providing clinical training services is not subject to receiving accreditation, and scope and duration of accreditation for public and private data center facilities are not available for free. Although there are helpful aspects in this dimension such as the final decision to grant accreditation is made based on the defined and published process and criteria and these decisions are not made by individual reviewers or program staff, standards and requirements used to evaluate accreditation are drawn from credible documentary evidence resulted from effective research or experiences of health services, accreditation standards are freely available to the public, and policymakers have written and agreed definitions of the functions, structures and activities of individuals' and organizations' accreditation and licensing.

In "resources" dimension there are destructive features such as hospital administrators and health organizations have not passed formal training in relation to the management of these centers, health care provider organizations do not provide accurate, complete and timely data of clinical or organizational practices for their employees, accreditation programs are allowed to offset their operating costs through receiving payment from users of credit services consumers, and accreditation programs have not the ability to obtain needed funds for their survival and development from their revenues. But there are a constructive portion including accreditation program has access to data collected routinely and reported by health providers to the Health Ministry.

Analyses carried out on mean scores of each dimension indicate that dimension of "resources" has the highest and dimension of "methodology" has the least weaknesses. Investigating the mean of answers provided to all the questions (the mean of 1.35 for yes and 9.64 for no) shows that the new system of accreditation was faced with many problems and has a few strengths, so the agreed options were able only to gain one third of the comments.

The model of Joint Commission on Accreditation (JCAHO & JCI) is the largest and most capable model and is considered as the mother of accreditation. It is a voluntary, non-government model and has an appropriate composition of stakeholders in its management structure. Also, in the United States' health care system, abundant financial and spiritual licenses have been determined for organizations that have been successful in obtaining accreditation and the program has sufficient income and financial independence. This organization has a good relationship with the community and a complete public notification is on its agenda and almost none of these features are consistent with the current accreditation system of the country [10, 26-28].

CCHSA accreditation model of Canada is the second largest and capable model in the world and it is voluntary and non-governmental and it also uses all the representatives of stakeholders in its management. For successful implementation of this program, appropriate financial incentives have been taken into account in order to encourage organizations to obtain accreditation. The program has sufficient income from its activities and has the policy to inform the results of organizations' accreditation. The organization has also established suitable databases for training the hospitals and comparing the results of the accreditation of various institutions [19, 29-31]. Again, there is a little coincidence between the characteristics of the new system of accreditation of the country.

The accreditation system of France, ANAES, is also one of the biggest models of the world. Unlike the models of America and Canada, this model is governmental and is implemented mandatory and because of this, it has received many critiques. This model uses an appropriate set of stakeholders and has a good relationship with society and accreditation results are reported openly to the public [28, 32-35].

Among the pioneer accreditation models (EMRO) in the Eastern Mediterranean Region, the accreditation models of Lebanon can be noted that are poorly modeled from the Joint Commission model. These models have major shortcomings in their standards and don't have the ability to create a culture of continuous quality improvement in an organization. These models are compulsory and are managed by the Ministry of Health, but do not report the results of the accreditation [36, 37]. These models are similar to our new accreditation system in some cases and are different in some aspects.

This study showed that there are many serious constraints on the path of success of modern system of accreditation that needs the attention of policy-makers to resolve them. Certainly, the results of this study can be very useful and it is useful and effective for other similar areas within and outside the country.

The limitations of the study are difficult access to experts and being busy to answer checklists of content validity and the final checklist.

According to the results of this study, researchers suggest removing the shortcomings in the four areas as much as possible, e.g. the system should go toward being voluntary and non-governmental and be managed by an independent institution. The program should go toward making more money and use an appropriate set of stakeholders and try to attract participation of doctors and empowering hospital staffs by adopting specific measures and the key point is to use health care management graduates who have been trained for this purpose or persons with sufficient knowledge and abilities for managerial posts in hospitals.

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