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*ORIGINAL STUDY*

# Hospital accreditation and patient care, a dilemma?

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**Despite the massive financial and human efforts of hospitals in the Flemish part of Belgium to increase quality through the path of external accreditation, so far this has not convinced the end user, in casu the patient. In this study of 307 hospital patients we conclude that the knowledge about accreditation is very limited to none existent (2%) in a sample of Belgian patients not working in medical practice and that patients do not choose their hospital care in accordance to the accreditation status of the hospital. We remain convinced that improving quality is a continuous concern for medical professionals and hospital management. However, we believe that patients, medical professionals and hospital managers might define quality care in a somewhat different way and we question the methodology of imposing a 2 vast amount of strict protocols as a way to improve quality in patient care. There is no conclusive evidence to support that these uniformly imposed "quality programs" improve patient care, except on safety issues.**

**Key words** : Hospital accreditation ; patient knowledge ; patient perspective ; quality of care ; hospital choice.

## INTRODUCTION

Hospital accreditations by external organizations seem to have become the standard in the Flemish part of Belgium where a majority of hospitals have chosen to commit to an accreditation process by one of the two available organizations that offer their consultant services, namely NIAZ or JCI. NIAZ is a Dutch organization and is now recently linked to the Canadian Q mentum. Through this Canadian branch NIAZ is now involved in the accreditation of quite a lot of hospitals in Brussels and the French speaking part of Belgium *(1)*.

The other company offering external hospital accreditation options in Belgium is Joint Commission International (JCI) *(2)*, a US based company. Both are members of the International Society for Quality in Health Care (ISQua).

JCI and NIAZ have a similar approach to the accreditation process, each with their own accents. Both issue a list of rules embedded in a series of protocols a hospital must comply to. If these protocols are applied in the organization and extensively documented the criterium is considered to be achieved. For some goals there is a threshold to be obtained, while for others a 100 % score is required, checked by external auditors during a audit visit over several days.

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If a hospital decides to start the track to achieve an external accreditation certificate, it signs a contract for either 3 or 4 years. A formal application must be made to the organization accompanied by the submission of a case file. Once the contract is signed the external organization will make a series of recommendations, including the in-house training of internal auditors and the appointment of a liaison officer and official translators, if necessary.

The internal auditors may later become external auditors after additional training. After the preparations and an optional trial audit, the external auditors perform the audit and report back to the central organization's board. The board decides if the hospital has met the strict requirements and the accreditation can thus be granted. In this case the hospital receives the accreditation and an the official label for the hospital's entrance hall. In case of failure a re-examination can be requested for an additional fee. When one cycle has been achieved an application for a new cycle can be submitted for another three or four years, with even more stringent rules and norm sets. Every single step of a cycle leading to the actual audit – even the initial submission of the case file – comes at a fee, as well as post-audit services. This results in a big expense in a hospital's budget, for several years. The audit company works with many external and very limited staff of its own.

The lobby group of hospitals in Flanders (Zorgnet-Icuro) used to be a strong promotor of the external accreditation process for its members. Zorgnet-Icuro recently started financing an independent research chair on quality systems at KU Leuven *(3)*. This might indicate an awareness towards the need for scientific research for local alternatives to external accreditation. The Flemish control organization (Vlaamse zorginspectie) favoured external accreditation. Hospitals passing the test from an external accreditation organization would only be subjected to a minor control visit, as opposed to a more stringent accreditation survey by its own inspectors according to its own set of rules and protocols. The requirements and rules in an accreditation process have a serious impact on the daily practice of hospital staff and medical practitioners *(4,5)*. They have to follow strict procedures imposed by the external organization, which entails an increased administrative workload *(3,4)*.

All additional time spent to comply to the rules and its extensive registration is time lost to actual patient care. The extra workload triggers an apprehension and frustration on the medical practitioners' side as this this negatively affects the efficiency of the medical practice. Independent medical professionals affiliated to a hospital are encouraged to participate in this effort for accreditation with two motivations. One positive reason : the increased quality of the organization and thus the expected increased quality of patient care. The second reason, with a negative connotation : the assumption that patients would only choose accredited hospitals if given the choice. The aim of this paper is to investigate this negative hypothesis, namely that the accreditation status of a hospital is an important reason for patients to choose, or not, a hospital. Therefore we want to have a closer look, firstly at whether patients actually know what hospital accreditation entails, secondly whether they know if the hospital they are visiting is accredited and thirdly the role this accreditation or other factors played in their choice of hospital. A secondary aim of this investigation is to find out if patients experience a positive effect on quality once accreditation is acquired.

## METHOD

### Procedures and data sampling

The aim of this study was to investigate patients' knowledge concerning hospital accreditation and the factors that influence hospital choice. Advice was requested from the ethical committee of GZA Ziekenhuis, approval was not needed for a questionnaire. We opted for a survey format for data sampling. The survey consisted of multiple-choice questions and definition questions. Table 1 gives an overview of the questions and response options. We contacted 6 different hospitals with accreditation status ranging from not having achieved a round up to having achieved three accreditation rounds. Only four of these hospitals granted authorization to collect data among their patients. The two non-participating

Table I. — Patient knowledge of what is means when a hospital is accredited (all patients)

| | Percentage |
|---|---|
| Patients who had no idea what it means when a hospital is accredited | 86% |
| Patients who fully and correctly knew what it means when a hospital is accredited | 6% |
| Patients who partially knew what it means when a hospital is accredited | 5% |
| Patients whose answers were completely incorrect. | 3% |

Table II. — Knowledge of what is means when a hospital is accredited in patients who do *not* work or have worked in healthcare

| | Percentage |
|---|---|
| Patients not working in healthcare who had no idea what it means when a hospital is accredited | 90% |
| Patients not working in healthcare who fully and correctly knew what it means when a hospital is accredited | 2% |
| Patients not working in healthcare who partially knew what it means when a hospital is accredited | 5% |
| Patients not working in healthcare whose answers were completely incorrect. | 3% |

hospitals were one with three accreditation rounds completed and the other one without accreditation. Of the participating hospitals three were general care hospitals and one a rehabilitation hospital. All four hospitals successfully completed one accreditation cycle. Data sampling started mid-August 2019. Two independent survey takers were posted in the lobby or in front of the hospital and randomly approached people entering or exiting the hospital lobby. After informed consent the survey was started. The two independent surveyors were qualified to competently assess the answers as completely correct, partially correct or incorrect, due to their experience in hospital management or nursing research. The surveyors were not involved in the data analysis. We excluded respondents who visited for non-medical reasons because we wanted a clear view of the patient perspective. Our sample included both patients attending for an out- patient visit with a doctor and patients being admitted for a hospital stay.

Our final sample consisted of 307 patients. Forty-one percent of respondents of our sample were male (n = 127) and fifty-nine percent female (n = 180). The participants in our study were between 16 and 90 years old, with an average age of 57 (standard deviation 16,87). Forty-two patients reported actual or past employment in health care services (including volunteering). This constituted 14 percent of our sample. The other 86 percent reported no work experience in health care. The anonymized data were analyzed using Excel and SPSS 26.

## RESULTS

Firstly, concerning the knowledge of the meaning of hospital accreditation we found following results. Eighty-six percent of our sample of patients were unaware what hospital accreditation entailed. Five percent partially knew the concept and three percent had a wrong idea. Only six percent fully and correctly understood what hospital accreditation is. Of the people who replied correctly 72 % were health care employees. However, not all health care workers fully and correctly knew what hospital accreditation means : only 31% do. Among respondents not working in health care only 2% fully and correctly knew what hospital accreditation means, 5% partially, 3% have incorrect ideas and 90 % have no idea.

Secondly we wanted to find out whether patients actually knew if the hospital they were visiting was accredited. We found that 18% of the patients entering the hospital for a stay or medical visit indeed knew that the hospital was accredited. The other 82% (264 patients) had no idea if the hospital was accredited. Nobody thought the hospital was not accredited.

Are people who fully and correctly know what hospital accreditation means more likely to know if the hospital they are attending is accredited? Apparently, this was the case for 89% of those who could define accreditation. Forty percent of those with incorrect ideas knew the accreditation status of the hospital.

Thirdly, we wanted to assess if the accreditation status influenced patients in their choice of hospital, as expected by hospital management. In our sample, 73% of the patients (223/307) visited a hospital of their personal choice, as opposed to e.g. referral by a health care professional or emergency ambulance transport. Of these 223 patients only 5 (2%) reported that the hospital's accreditation status had some influence on their choice. What other factors influence a patient's hospital choice? The most reported determinant was the location of the hospital : 40% reported proximity as a factor in their choice. The second most cited factor was the hospital's reputation (28%), followed by the doctor's reputation (14%). Other influencing factors were previous positive experiences (7%), a friend or family member working in the hospital (2%), habit (2%), being an employee of the hospital (1%). Other reasons (5%) were parking space, no waiting list, hospital specialization and size of the hospital (with some respondents preferring a small hospital, others a large hospital).

## DISCUSSION

A first question we wanted to explore was whether patients know what hospital accreditation means. We found that more than 85 percent of the patients had no idea about the meaning of the label. Most patients who correctly know what accreditation means, do so because they work in health care themselves. We assume they are familiar with hospital accreditation through their work, rather than solely as a patient. Only a mere two percent of the 'regular' patients knew fully and correctly what hospital accreditation means. This extremely low percentage is striking.

The fact that most patients who can define accreditation work are healthcare employees does however not imply that all healthcare workers can do so. We were surprised to find out that only 31% of the patients working in healthcare could fully and correctly define accreditation.

This percentage should however be interpreted with caution as the categorization healthcare worker/ non-healthcare worker was very liberal : people who worked in healthcare in the past or volunteered at healthcare services have also been included. We should keep in mind that these healthcare workers do not necessarily work in a hospital setting and might be working in private practices, insurance companies, mental healthcare… A lot of our patients working in healthcare might thus not have encountered hospital accreditation and its procedures as vividly as hospital and affiliated staff.

In line with the general knowledge about hospital accreditation, we found that 18% of patients (including those who work in healthcare) know whether the hospital they are attending is accredited. They do know the hospital has achieved a label, but this does not imply that they know what it entails. Only a small group of patients (some working in healthcare) is well informed : the group who fully and correctly know what accreditation means almost completely overlaps with those who know the status of their hospital. However, almost half (40%) of those who are wrongly informed about the meaning of the label also know the status of their hospital. This means there is a small group of patients who might come to this particular hospital under wrong assumptions, for example that the medical practitioners have a fixed fee. Our main question was whether the accreditation status of the hospital was an influencing factor on the patient's choice of hospital. This was the case in a mere 2% of the decisions.

This shows that accreditation status does not influence hospital choice for almost all the patients in our sample. Our data seem to refute the argument that patients will only choose the accredited hospitals. The most impactful factors of hospital choice in our study were proximity, the hospital's and the attending doctor's reputation. This is interesting, as it clearly shows that patients perceive hospital reputation as something different than hospital accreditation status.

We have shown that the knowledge of patients about the meaning of hospital accreditation is almost non-existent and does not influence the choice of hospital in the vast majority of the cases. This is a striking result given the amount of money and energy hospitals and hospital (affiliated) staff invest in keeping up with the ever-increasing requirements to obtain accreditation labels.

There seem to be two options to address this disparity. Firstly, inform patients better about accreditation. Considerable effort is already invested in raising awareness about the subject by hospitals who have obtained a label. For example, by announcement on the hospital website, in the media and banners and signs in hospital lobbies[1].

One of the hospitals in our sample had an enormous banner, announcing their recently achieved accreditation status, in the hall where the surveys were taken. Even with these efforts awareness of external hospital accreditation remains very low.

Secondly, financial and human resources currently invested in external accreditation could be invested in true quality improvement. We thus encourage the hospitals, Zorgent-Icuro and Zorginspectie Vlaanderen to either increase the patients' knowledge of the accreditation process or review it's point of view on the value of external accreditation organizations.

Of course, the most important argument for hospitals to opt for external accreditation is to maintain and improve the quality of the care for their patients. It is their duty to deliver the highest quality of care to patients and society in a cost-effective way. Therefore, their investment in external accreditation labels seems logical and sensible as this process promises to raise quality of care. We do, however, seriously question whether this promise is fulfilled.

An external quality accreditation process aims for better patient care in the hospitals by imposing a set of protocols that need to be fulfilled. The accreditation process relies on the assumption that if the protocols are followed and applied, the quality of care will increase. The evidence on the effectiveness of protocols to improve quality of care seems however inconclusive *(6-8)*.

Girbes, Zijlstra and Marik *(4)* claim that hospital managers and healthcare workers "speak different languages" when it comes to quality of care. We additionally state that patients and hospital managers also speak different languages. "Quality" is often defined as the degree to which a service meets the customer's expectations *(9)*. In a hospital context, this translates to the degree to which hospital service meets patients' expectations about care. The authors feel that patients expect responsive, understanding, competent care in a clean environment because a medical visit is a stressful and sometimes even life threatening situation. Medical professionals are trained and encouraged to apply evidence-based medicine (EBMED). An evidence based treatment has proven its importance in randomized control trails. This does not necessarily imply that the chosen treatment is the best treatment for a particular patient at a particular time, since a lot of other factors will influence the final outcome of the treatment and the experience of the patient. Even with high quality of care by the practitioner, the patient's expectations about responsive and understanding care may not be met and therefore the proposed treatment is not automatically experienced as high quality service by the patient. Sack and colleagues' research illustrates this. In a study of 73 hospitals, they found that patients' recommendation of the hospital to friends and family, as a proxy for patient satisfaction, was not associated with hospital accreditation status *(10)*.

We can conclude that a difference in perception with regards to the definition of quality between hospital management, medical practitioners and patients is an important obstacle to the correct and useful implementation and acceptance of external accreditation systems in Belgium. Accreditation has however shown to improve two important safety features *(8)*. We therefore advocate to evaluate these external accreditation programs as what they are, namely "patient safety programs", instead of what they promise to be : quality programs.

Of course, the accreditation process increases the knowledge of the organization from a management perspective and streamlines the processes in hospital management. It nevertheless confines medical practice in a straitjacket of strict rules and time consuming procedures. Safety procedures in

[1] To respect the anonymity of the participating hospitals we choose not add specific links to illustrate this. We however invite readers to visit the website of a few different Belgian hospitals and we expect this will clearly.

aeronautics are often regarded as the benchmark for these accreditation programs. Girbes and colleagues refute this comparison : pilots are trained in one type of plane, while we as medical practitioners must treat the most versatile kind of patients *(4)*. We feel that in the medical practice one size does not fit all. The aim of our profession, as medical practitioners, remains a personal, safe and preferably evidenced based medical treatment for the patient. We therefore encourage the hospital board and management to engage in the way of evidence-based management (EBMAG). This means the allocation of funds, financial and human resources based on a scientifically well-founded strategy.

The results of our survey have shown that there is very little knowledge about hospital accreditation in a sample of Flemish hospital patients. We also found that the accreditation status of a hospital is virtually never a factor in the patient's hospital choice. On the other hand, analysis of the term 'quality' applied to a hospital setting gives us a strong reason to believe patients and hospital management might not be speaking about the same thing when they talk about quality. These results lead us to be critical about the current emphasis on external accreditation by commercial organizations.

## CONCLUSION

In this paper we have refuted important arguments used to justify the emphasis that is currently placed on hospital accreditation by external organizations in Belgian hospitals. The first important argument for accreditation programs is the improved quality for patients. We however advocate that accreditation does not improve quality of patient care, but rather patient safety. Another important argument for engaging in the accreditation by JCI or NIAZ by the management is the conviction that patients will not choose a hospital if it has not obtained an accreditation label. The data from our survey have shown that this is an unnecessary concern : accreditation is almost never a factor in hospital choice. We therefore encourage hospitals, 'Zorginspectie Vlaanderen', and ' Zorgnet-Icuro' to re define their point of view on external accreditation of hospitals.

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