



Review article

Ensuring excellence: health care quality standards and accreditation systems

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ABSTRACT

Quality management in healthcare refers to systematic processes aimed at ensuring that healthcare services meet established standards of excellence. Accreditation ensures that institutions can meet patient needs with guaranteed quality thereby reducing medication errors and nosocomial infections and enhancing patient trust. Total Quality Management (TQM) is a comprehensive approach which emphasizes on continuous improvement, customer satisfaction and involvement of all stakeholders in quality initiatives. Continuous Quality Improvement (CQI) is an ongoing process which focusses on improving healthcare services and healthcare outcomes. Six sigma is a data driven methodology that aims to improve quality by reducing variability. Lean focusses on minimizing waste by identifying and eliminating activities that do not add value to the patient. Quality measurement is difficult in health care and various models have been suggested to measure dimensions of health care quality. Quality initiatives enhance perceived care quality whereas accreditation allows better resource utilization, meets population needs and strengthens professional standards.



Keywords: Quality health care, Accreditation, NABH, JCI, TQM, CQI, Six sigma, Lean methodology.

INTRODUCTION

Quality management involves ongoing efforts to meet and improve standards, while accreditation is a formal recognition that a hospital meets specific criteria, which boosts a hospital's reputation. Accreditation ensures that institutions can meet patient needs with guaranteed quality and creates a conducive environment for delivering optimal services to the community ^[1,2]. Accreditation helps reduce medication errors and nosocomial infections, which

directly enhances patient trust in healthcare facilities ^[3]. Quality management in healthcare refers to systematic processes aimed at ensuring that healthcare services meet established standards of excellence designed to improve patient care, enhance operational efficiency and ensure regulatory compliance.

DISCUSSION

The Institute of Medicine defines quality of care as the degree to which health services increase the likelihood of desired

health outcomes and are consistent with current professional knowledge [4]. Quality management improves clinical outcomes, patient safety, and patient satisfaction and is based on the concept of patient-centric care and continuous improvement.

Evolution of total quality management

Quality inspection detects deficient products, whereas Quality control eliminates the defects before the product or service reaches the customer. Quality assurance ensures the quality of the product or service, whilst Quality management ensures the quality of the process. Total Quality Management (TQM) is a comprehensive approach which emphasizes on continuous improvement, customer satisfaction and involvement of all stakeholders in quality initiatives. The principles of TQM include customer focus, engagement of all stakeholders, leadership committed to quality initiatives, process approach, continuous improvement, evidence-based decision making and relationship management. TQM involves process audits, training and documentation to ensure quality standards.

Continuous quality improvement (CQI)

It is an ongoing process which focusses on improving healthcare services and outcomes through systemic and data-driven efforts involving teamwork and collaboration. CQI uses structured methodologies like Plan-Do-Study-Act (PDSA) to test and implement changes. CQI fosters a culture of continuous learning and improvement.

Tools and techniques for quality improvement

Six sigma: This is a data-driven methodology that aims to improve quality by reducing variability and defects to a level of 3.4 defects per million opportunities, which translates to a success rate of 99.99966%. It comes from the statistical concept of standard deviation, where six standard deviations from the mean indicate a very low probability of defects. It follows the DMAIC framework, which involves:

Define the project goal.

Measure the key metrics.

Analyse the data to identify the root cause of defects.

Improve and implement solutions to address the root cause.

Control and monitor the improvements so that they are sustainable.

Lean: It focuses on minimising waste by identifying and eliminating activities that do not add value to the patient. Lean methodology originated from the Toyota Production System, which eliminates waste, thereby improving efficiency. There are seven types of waste: overproduction, waiting, transport, extra processing, inventory, motion and defects. Modern hospital planning incorporates principles of Lean and Six Sigma to enhance efficiency and reduce waste, leading to better resource utilisation and cost savings.

Quality measurement in healthcare

Quality measurement is difficult and more so in health care, and various conceptual models have been proposed to evaluate quality in healthcare. The Donabedian model categorises quality

into three interrelated components: structure, process, and outcomes [5]. Person-centred care (PCC) emphasises individualised care tailored to patients' preferences, values, and cultural backgrounds and promotes shared decision-making, empathy, compassion, and respect for quality assessment [6]. Tools such as SERVQUAL and Importance-Performance Analysis (IPA) offer valuable insights into the alignment between patient expectations and service delivery. SERVQUAL measures perceived service quality across five dimensions: tangibility, reliability, responsiveness, assurance, and empathy [7]. IPA complements this by plotting the importance of each attribute against its actual performance, helping prioritise interventions [8]. Service quality in healthcare is typically composed of two main components: technical quality and functional quality [9]. Technical quality refers to the clinical outcomes of care, while functional quality encompasses the internal processes involved in delivering that care. The World Health Organisation (WHO) model outlines six core dimensions of quality: effectiveness, efficiency, accessibility, acceptability, equity and safety [10].

Accreditation in healthcare

It is a formal process wherein an independent body evaluates and certifies that a healthcare facility meets specific standards of quality and safety. It is a voluntary process, and an external review by an accrediting body assesses the health care facility for its compliance with established standards, including patient care, safety, processes and performance. The purposes of accreditation are to ensure quality, safety, promote continuous quality improvement, enhance patient confidence, facilitate regulatory compliance, standardise processes, reduce variability and improve organisational performance.

Accreditation bodies

Joint Commission International (JCI): It is one of the most well-known accreditation bodies and accredits about 22000 health care organisations in the United States. JCI focuses on patient safety, quality of care and organisational management. **National Accreditation Board for hospitals and healthcare providers (NABH)** is an Indian accreditation body and covers patient rights, infection control and facility management.

Steps in the accreditation process

The accreditation process involves preparation, application, self-assessment, implementation of improvements, on-site survey, feedback and reporting, accreditation decision and continuous monitoring. Leadership commitment, staff engagement, policy and procedure review, training and education and mock surveys are the key activities required for preparing for accreditation.

Challenges and solutions during the accreditation process

Resource constraints, staff resistance, complex and difficult to interpret accreditation standards and sustaining quality improvement efforts are some of the major challenges faced by hospital administrators. Strategic allocation of resources, prioritising key areas for improvement, engaging staff early in the process of

accreditation and providing clear communication and training, seeking guidance from the accreditation body and experts, regular review meetings and celebrating small successes to maintain the motivation of the staff, go a long way in overcoming the challenges during the process of accreditation.

Impact of accreditation

The accreditation process is designed to standardise healthcare practices, providing assurance to patients that they receive safe and high-quality care. Accreditation ensures standardised care protocols, reducing variability and ensuring high-quality care. It helps hospitals to implement initiatives that help in infection control, medication safety, fall prevention, reduce adverse events, and enhance patient safety. It encourages hospitals to continuously evaluate and improve their services, thereby improving patient outcomes, patient safety and patient satisfaction. Ongoing evaluations can assist hospitals in establishing evidence-based quality improvement strategies. It promotes streamlining of processes and effective resource management. It emphasises staff training, professional development and competency assessment. Accredited hospitals are recognised for their reputation, trust, and regulatory compliance, which leads to enhanced revenues and profitability [11]

CONCLUSION

Quality initiatives enhance perceived care quality through improved environments, patient empowerment, and strengthened patient-provider relationships. Quality improvement initiatives benefit not only patients but also staff related to improvements in care quality, improved healthcare systems and processes, and increased staff satisfaction. Hospital accreditation has a significant positive impact on the quality of healthcare services. It allows better resource utilisation, meets population needs, strengthens professional standards, and improves patient safety standards.

Conflicts of Interest: No conflict of interest

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